# THE LANCET.

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## PATHOLOGICAL ANATOMY.

PATHOLOGICAL Anatomy is treated in this country with a degree of neglect which can be explained only on the supposition that the importance of its study is generally unknown. We have, indeed, a few distinguished men amongst us who labour to support the national reputation on a level with that of other European nations, but the great mass of medical men, through the imperfect precepts of their teachers, or an ill-founded fear of inability to acquire a sufficient knowledge of morbid anatomy, or under the culpable reflection that if they simply tread in the steps of their fathers they will do well enough,—this class of the profession continue to practise medicine purely in an empirical manner, and would never contribute to the advancement of the science were each to realise the Spanish compliment, and live a thousand years. With such examples, however, before them as are to be found in the "high places" of medicine, what have we to expect? Yet that it is time such a state of things should cease, and that farther and more extended efforts should be made to place medicine on a footing with the other sciences, who is "conservative" enough to deny? "Exact" we may never call the science, but we are satisfied that a searching examination into the nature and operation of those causes which have for so many ages retarded the progress of the healing art would enable us to show that the comparative slowness with which it has advanced, and the imperfections which are everywhere confessed to exist, depend not so much on the impossibility or the difficulty of raising medicine to an equality with the precise sciences, as on the manner in which it has hitherto been studied, and the obstacles which have been thrown in its path by those very persons who are most interested in the perfectibility of medicine. The mathematic and algebraic arts are based on fixed principles, and their elements, if we may so call their symbols, are passive and obedient agents in the hand of the professor who works them. But what would be the consequence if $x^2+2xy+y^2$ could say to the unfortunate algebraist, "Nothing know "you of your business. My root no longer "shall you work. I will depart to S. or to "L.?" Or what answer could we expect from a mathematician were we to require him to determine distances with but two angles, and without a side of the triangle? It is thus with medicine. The great mass of the community, so long as they remain in ignorance, will resemble the refractory symbols of the square root, and counteract every effort at a solution of the grand problem of medicine; while those who neglect pathological anatomy, commit an error analogous to trigonometrists who would say "Give me two angles and I will find you the side."

The practice of medicine consists of four parts:—1. The observation of external phenomena, or symptomatology. 2. The observation of internal phenomena, or pathological anatomy. 3. The study of the connexion between the signs and their causes,

4. And, finally, the administration of medicinal agents, or therapeutics.

Of the four different parts, the first and last require the least degree of talent for their cultivation. Any person can observe and note down symptoms. Symptoms can never be observed too closely, for although several external phenomena may present themselves which are, apparently, of little note or value, they should, nevertheless, be observed. They are abnormal appearances, and although the relations between cause and effect may now be hid, it may at some future time be discovered. Thus the sudamina and rosy spots which so peculiarly characterize typhoid fevers, were no doubt observed many years ago, but the idea that they were insignificant phenomena led to their neglect; whereas now they form a very principal element in the distinction of that species of fever.

The administration of medicine, or the therapeutic portion of the art of medicine, does not, we have said, require the exercise of much talent. The statement demands a few words of explanation. We fear, from the nature of things, that this, the practical part of medicine, will ever remain empirical. The efficacy of medicines in disease can never be established by *à priori* reasoning. We can, therefore, only administer them with caution. We here speak of new medicines, and not their effects; but to advance medicine by observation of the effects of medicinal agents, it is obvious that we should previously be thoroughly acquainted with the three other branches of medicine, especially with the doctrine of symptoms, and with morbid anatomy. In a word, that our diagnosis of disease should be as perfect as it can possibly be made. Without this perfection of diagnosis, the practice of medicine, instead of advancing with the experiments made in a therapeutic point of view, will naturally retrograde in direct proportion to the number of those experiments, for this simple reason, that a confusion of results is the consequence, and that it is impossible to see clearly through a multitude of conflicting statements. Hence, next to a careful examination of the patient at the bedside, the most important branch of medicine is pathological anatomy, and we trust that some persevering effort will be made to place this too-long-neglected branch of medical education on a proper footing. There is not so much an absence of good works on pathological anatomy amongst us, original or translated, as the want of a system of instruction, and a constant and efficient attendance in the dead-houses of the hospitals. It is unnecessary to dwell on the common observation, "that "pathological anatomy is of no use, unless "connected with symptomatology." It is certainly studied with most advantage in cases where the pupil has been made acquainted with the previous history of the patient, has observed every stage of the case with care, and having become fully possessed of a knowledge of the external signs, is ready to compare and examine them in connexion with the appearances which present themselves after death. This is the true way of learning morbid anatomy, and we earnestly recommend the rising generation of practitioners to avail themselves of every opportunity of this kind which may offer. They may be assured that thus (independently of the feelings of confidence in the practice of the profession, which will arise from a consciousness of knowledge of the nature of the changes that take place in the internal and invisible surfaces, nearly as complete as of those which pass before our eyes) the whole aspect of medical science will become changed, and the profession will rise in an instant from the depths of quackery to the rank of a noble science. In our hospitals, men of tried merit should preside, whose duty it should be to arrange the clinical cases, and examine the bodies of those who die. In some of the continental hospitals, there are young men expressly appointed and paid to fulfil this duty, and we believe, lodged in the hospitals, who, not being distracted by the cares of an enormous practice, can devote their attention to the instruction of the pupils to an extent which non-resident hospital functionaries are not disposed to, and never will, give.

We are induced to make these remarks at the present moment, under the impression that we could not choose a more appropriate time or place to draw the observation of pupils and conscientious and influential teachers to the subject.

ON THE NATURE OF

# INFLAMMATORY FEVER.

*By* HENRY SEARLE, *Surgeon, Kennington.*

THE term "inflammatory fever," when properly applied, refers only to that general excitement which is preceded and accompanied by local inflammation. The terms "symptomatic," and "sympathetic fevers," "pyrexia," and "constitutional irritation," are used, synonymously, to designate inflammatory fever.

Whether inflammatory fever ever occurs idiopathically, has been a question of some controversy. It is admitted by some to occur, though seldom, in so simple a form as in the synocha of Cullen; but its appearance in the more complicated form of synochus, from which it in a few days becomes modified into typhus, is very generally acknowledged. It is however by no means proved that fever takes place without the existence of local disease as its exciting cause. Broussais, Clutterbuck and others, are opposed to the doctrine of idiopathic fevers; while Dr. Southwood Smith's dogma is—"There are no fevers but idiopathic fevers."

Inflammatory fever may assume a mild or a severe form. The former is simple, consisting in a general excitement of the nervous and vascular systems: the latter is more complicated, being, in addition to the local phlegmasia, accompanied by more or less disturbance of the brain, liver, stomach, or other organs; so that the worst cases may more resemble typhus than simple pyrexia.

The different grades of inflammatory fever do not always correspond to the degree of inflammation, since it frequently happens that, in cases in which no predisposition to fever exists, even an acute inflammation is unattended by any constitutional irritation: and, on the contrary, in cases in which the predisposition is very great, the slightest inflammatory disease gives rise to considerable pyrexia. It may therefore be inferred that the predisposing causes play a greater part in the production of inflammatory fever, than the inflammation itself.

The *causes* of inflammatory fever admit of being arranged into *exciting*, *predisposing*, and *secondary* or *perpetuating causes*.

*Of exciting causes.*—Those inflammatory affections which are the most painful, are the most productive of fever; and the pain of inflammation depends upon the texture, mechanism, and office of the parts, together with the intensity and extent of the inflammation. Those textures, for example, which are dense, and cannot easily swell,—parts which on swelling become compressed by the unyielding structure of their contiguous and surrounding parts, and organs which are subjected to sudden compression and distention—as serous membranes, ligaments, and synovial membranes of large joints, the fauces, and the bladder—when inflamed induce more or less pyrexia. Severe and painful injuries also, as compound fractures, burns, &c., frequently produce considerable fever.

The more intense and extensive the inflammation, the more acute the fever: when, however, the pain is so acute as to overwhelm the powers of the whole frame, instead of a high degree of fever, the consequences are, as in very acute gastritis, a low pulse, and cold perspiration.

The *predisposing causes* are always general, depending upon the nature of the constitution and the state of the health at the accession of the local disease, and especially upon the management of the muscular power during its progress.

It is doubtful whether inflammatory fever ever arises in the absence of a predisposing cause, it being essential to the occurrence of this fever, that the frame be in an excitable state, which state is inversely proportionate to the muscular power. It is true that a very severe and painful injury often produces, even in a strong constitution, a certain degree of febrile excitement in a few hours; but may not this be ascribed to the sudden, although not considerable, exhaustion of the muscular power occasioned by severe pain? This, however, is, at most, an extreme case, and does not affect the general rule—that the lower the grade of muscular power, the greater the excitability of the nervous, and vascular systems, and, consequently, the stronger the predisposition to inflammatory fever. Hunter observes that "in inflammation, when the constitution is strong, then it will commonly be the most manageable, for strength lessens irritability." And according to Abernethy, "irritation is debility excited." Numerous eminent physicians and surgeons, however, are of opinion that there is no absolute debility when the febrile action is characterized by a frequent and firm pulse. A frequent pulse, in the absence of inflammation, is an admitted sign of debility; and the annexed table will show that the frequent, although energetic, pulsation in fever, is indicative of excited action under reduced power.

That functional alliance exists between the nerves of sensation and those of motion, which, in the rising period of life, and in disease, places their respective powers in inverse relations. For example, very young infants possess the least degree of muscularity, and the greatest degree of sensibility of frame; and as the former increases, the latter diminishes, until the muscular system becomes fully developed, when they balance each other; this harmony is maintained so long as health is preserved, not only during the middle or stationary period of life, but

during that of decline, for, as the muscular power declines, the sensibility also becomes impaired. Again, women and persons of delicate frame, whose muscular system is not well developed, are highly sensitive; and whenever the muscular power is greatly reduced by venesection, spare diet, anxiety of mind or disease, the sensibility is proportionally increased. On the other hand, whenever sensation is accumulated by superexcitation, as by the influence of fear, excessive pain, &c., the muscular power is lowered. Instances may, however, be adduced, in which certain depressing agents, as intense cold, marsh miasma, opium, &c., diminish both the sensibility of the nervous, and the power of the muscular, systems.

This law of inverse action obtains between the nerves of sensation and those of voluntary motion only. It does not involve those of involuntary motion, for the contractility of the heart and arteries always corresponds to the sensibility of the nervous system, as the pulse faithfully indicates.

In accordance with these views, the following table is intended to exhibit a kind of analysis of inflammatory fever, by showing that, according to the condition of the muscular system, is the sensibility of the nervous; and that, according to the combined conditions of these two systems, the circulation becomes modified, so as to correspond respectively to them in the unexcited and the excited states of the body. Inflammation is made the chief exciting cause, in order to show by the pulse that inflammatory fever takes place inversely to the muscular power. Miscellaneous temporary exciting causes are also given, merely to afford an example of temporary general vascular irritation. At the lowest part of the table are exhibited exceptions to this law of inverse action between the nervous and muscular systems, showing that the nervous and the voluntary and the involuntary muscular systems are, under certain powerful agents, all depressed together.

| CONDITION OF THE MUSCULAR SYSTEM. | SENSIBILITY OF NERVOUS SYSTEM. | | EXAMPLES. | PULSE. |
|---|---|---|---|---|
| Least muscularity ... | Highest degree. | Unexcited ..... | Infants in health..... | Very frequent and small. |
| | | Excited by inflammation | Infants with inflammatory fever .. | Rapid, small, and tense. |
| Little muscularity... | High degree. | Unexcited ..... | — | Frequent, small, and soft. |
| | | Excited temporarily, as by spirituous potations, fright, unusual exertion, &c. ..... | Persons of delicate frame ..... | More frequent, fuller, and less soft. |
| | | Excited by inflammation | — | Very frequent, small, and tense. |
| Considerable muscularity..... | Moderate degree. | Unexcited ..... | Robust persons in health ..... | Natural. |
| | | Excited by inflammation | Ditto, without pyrexia ..... | Moderate, often slow, and oppressed. |
| Ditto, suddenly reduced in power by loss of blood &c. | Very high degree. | Excited by inflammation. | Ditto, with inflammatory fever..... | Very frequent, full, hard, resounding. |
| Do., reduced in power | High degree ... | Unexcited ..... | Ditto, convalescent. | Frequent, full, and soft. |
| Every degree of muscularity subdued in power... | Low degree ..... | Depressed by marsh miasma, intense cold, opium, &c. ..... | Every description of person in the first stage of idiopathic fever &c. | Smaller, weaker, and sometimes slower, than natural. |

The comparative view of the various conditions of the nervous and muscular systems, given in this table, greatly tends to illustrate the nature of inflammatory fever, and shows, at the same time, how much it hinges upon the deficiency in muscularity, or upon the sudden reduction of muscular power.

In infants, as is well known, a mere spark of internal inflammation will ignite the whole frame. In all persons except the aged, in whom sensibility has become much impaired, and even in those to a certain extent, the predisposition to pyrexia under exciting causes is proportioned to the deficiency in muscularity. Those, on the contrary, who are muscular and strong, will sometimes have a phlegmasia during several weeks, unaccompanied by any constitutional excitement, so long as they observe their usual regimen, and are not subjected to such medical treatment as will deprive them of their muscular power.

There are other circumstances besides the sudden reduction of muscular power which will render a muscular frame exceedingly irritable, and therefore predisposed to inflammatory fever—viz. *mental anxiety, and the habit of inebriation.*

Few persons, comparatively, can long endure *mental anxiety*, and remain in a state of perfect health. Continued *mental anxiety* impairs the energy of the brain, and the tone of the muscular system, especially of the heart and bloodvessels; it renders the

whole frame morbidly sensitive. The mind becomes charged with apprehensions, and the feelings become readily irritated, the heart becomes subject to palpitations, and the bloodvessels sometimes allow hemorrhages to take place by transudation; the functions of the several organs of the body, particularly those of digestion, become deranged. In this predisposed condition of the frame, an attack of inflammation is very liable to occur, and which will certainly induce an acute form of pyrexia, which, if not soon subdued, will be accompanied by the wildest kind of delirium, grave functional lesions, and other signs of low typhoid fever.

The habit of *inebriation* produces a conditional kind of predisposition; for unless it be suddenly and greatly restricted, it does not generally create a predisposition to fever. The drunkard, when deprived of his accustomed stimulus, is deprived at the same time of his power, his muscular system becomes tremulous and feeble, and his whole frame irritable. If, then, he be subjected to privation during an attack of inflammation, he will, under this exciting cause, be highly susceptible of fever, which will be characterized by greater nervous than vascular disturbance, by delirium tremens, and generally by the absence of the hot skin of fever. The strictly antiphlogistic treatment almost invariably converts the disorder into a highly dangerous form of fever.

*Secondary Causes.*—During the existence of inflammatory fever, all considerable derangements of the visceral functions tend to perpetuate it, by giving support both to the predisposing and exciting causes. For example, an imperfect function of the brain and spinal marrow will prevent the due distribution of the nervous energy to the muscular system; an imperfect function of the lungs and of the other excretory organs, prevents that purification of the blood essential to the proper function of the nervous system; an imperfect function of the digestive organs deprives the body of its due nutrition so requisite to the maintenance of muscular tone. Derangements of the visceral functions not only become secondary causes of fever by reducing the muscular power, but frequently an additional source of excitement to the whole frame, especially to the inflamed part, thereby perpetuating both the local disease and the general vascular irritation. If an inquiry be made as to the origin of these functional derangements, it may be mostly traced to that system of treating inflammatory disorders, which suddenly reduces all the powers of the body. Sometimes a large blister, applied on a slender frame too near the seat of inflammation, aggravates both the local phlegmasia and its accompanying fever.

This view of inflammatory fever is not offered as entirely new, for it is universally admitted that a delicate and sensitive condition of body is favourable to pyrexia under the existence of inflammation; but notwithstanding the admission of this principle, it is most strangely lost sight of at the bed-side; and why? because the antiphlogistic is the fashionable system of treating inflammatory diseases, before which any principle, however sound, and although recognised, must fall prostrate, rather than be allowed to violate or interdict a system so sacred as the antiphlogistic. It is, however, hoped, that by invoking a more close attention on the part of the medical profession to the real causes of inflammatory fever, that their relative importance will be more duly estimated; that it will be seen that although the exciting cause, inflammation, is a *sine qua non* in inflammatory fever, yet that the predisposing are, in most instances, the causes which have the greatest influence in the production of fever, and, therefore, that the treatment should be so adapted that, while attempting to remove the exciting cause, it should not, at the same time, be calculated either to increase or to produce the predisposing causes of inflammatory fever.

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## INTESTINAL OBSTRUCTION

FROM

## RAW WHEAT.

*To the Editor of* THE LANCET.

SIR,—Permit me to transmit to you the report of a case, wherein a fatal result was near occurring, from a habit on the part of the patient of eating raw wheat. I am, Sir, your obedient servant,

J. L. M'CARTHY, M.D.

Macroom, October 14, 1835.

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On Thursday, the 8th instant, I was sent for to visit John Leary, ætat. 35, living at Toames, three miles from hence, a steward in charge of a farm belonging to a gentleman of the name of Penrose. I found the man in bed, labouring under the most agonizing pains, which he referred to the anus, rectum, and loins. He was bathed in sweat; his countenance expressed the greatest anxiety, but he suffered no headache nor delirium. His tongue was coated with a thick white fur, but moist; there was no affection of the chest or of the respiratory faculties, nor any complaint of the stomach, but he had much thirst, urgent desire to urinate, and evacuate the rectum, without ability to effect either. The abdomen felt quite soft on pressure, except over the pu-

bic and left iliac regions, where distention of the bladder, the sigmoid flexure of the colon, and the rectum, could plainly be perceived.

On making an examination per anum, I found its verge considerably swollen and inflamed, with great contraction of the sphincters, and so tender and irritable, that it was with much difficulty that the patient would allow me to proceed with the examination. He said he had been ill during the last three days; that during the first and second days of his attack, he only felt occasional fits of pain in the anus and loins, but that for the last sixteen hours, or thereabouts, he was in extreme agony, with but occasional slight intermissions. He had not had an anal evacuation for the last four days, and from ten o'clock p.m. on the previous evening had not passed any urine up to the time when I saw him, which was one o'clock p.m. on the following day. He said to me, that being for some time previous to his illness superintending the thrashing out of a large quantity of Mr. Penrose's wheat, he had, as was often his habit, eaten some of the grain as he proceeded, and to that he attributed his illness. He went on the second day of his illness to the Macroom Dispensary, where he was ordered a dose of castor oil, but no effect followed its exhibition.

Having by mistake omitted to bring a catheter with me, I sent home for one, and in the mean time proceeded to examine the rectum internally. With considerable difficulty I introduced my little-finger, well oiled, into that cavity, and found it extremely distended. It was, in fact, completely blocked up with a hard mass of undigested wheat. The agony which the patient suffered from this exploration, forced me to desist for a short time, when I determined on attempting to extract some of the wheat from the bowel. I accordingly procured a small egg-spoon, and having well oiled the handle, introduced it into the rectum, and detached and brought away from the mass about two ounces of semi-masticated wheat. By this means I obtained a little more room, so that I was enabled to force into the rectum a few small pieces of mutton suet, which I allowed to remain until they had melted. This had the effect of lubricating the part and softening the contents of the cavity; so that on a second attempt with the spoon-handle I succeeded in clearing out about ten ounces more of the wheat, the patient all this time complaining of almost intolerable suffering. Having desisted for a time in order to allow him some rest, he felt an urgent desire to go to stool, but the attempt was unsuccessful, owing to the tenderness and constriction of the anus. He was, however, able to urinate, and voided about two and a half pounds of fluid.

On making my next examination, I found that the attempts to evacuate the bowels had brought down more of the wheat into the rectum, which was again filled to distention, but the mass was not so hard as in the first instance; and on again operating, I succeeded in removing about twenty ounces more. The patient now expressed himself as much relieved. I had by this time in all brought away about two pounds of wheat.

As I found his pulse full, quick, and bounding, I bled him to ʒxxv, when he became faint. I then had the rectum stuped for about an hour, and gave him a draught containing an ounce of Castor Oil, fifty drops of Tincture of Henbane, and an ounce of Cinnamon water. Half an hour afterwards an enema was administered, followed by a purgative draught. Six hours afterwards I found him free from pain, and in a sound sleep. His bowels had been much affected by the enema and medicines, and an immense quantity of wheat, with some white starchy stuff, had passed from his bowels. The anus continued tender for a few days, but by keeping the bowels soluble with small doses of the Magnesian salts, he perfectly recovered.

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## SALIVARY CONCRETION IN THE SUBMAXILLARY DUCT.

*To the Editor of* THE LANCET.

SIR,—Should you consider the following case worthy a page in your widely-circulated and valuable Journal, the insertion of it will greatly oblige your obedient humble servant,

W. A. ELSTON, Surgeon.

Braybrooke, Northamptonshire,
Oct. 20, 1835.

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James Whitehead, a young man about twenty years of age, called on me, Sept. 4, for my advice respecting a swelling on the right side of his neck, of which he had been the subject at times for four years, but which within the last week had considerably increased in size, and become exceedingly painful.

On examination, I considered it, from its situation, to be an inflamed and considerably enlarged submaxillary gland. It was very painful on being touched, and the patient was the subject of a high degree of fever. I ordered eight leeches to be applied to the tumour, and gave him a calomel bolus and a black draught, with a continuation of a saline aperient mixture. On the 6th I saw him again, and found the swelling more painful, and somewhat increased in size. I ordered the leeches to be again applied, and the purgative medicines to be repeated. Two days after this, on seeing him, he com-

plained to me of pain under his tongue, and on examination there appeared to be an enlargement at about the termination of the submaxillary duct of the right side, and on applying my finger I could distinctly feel a small hard substance. I was at once apprized of the occasion of all the external swelling and violent pain which the man had complained of for so long a time, and, by means of a probe, gently dilating the orifice, and with a small pair of forceps, to my great satisfaction I extracted from the duct a salivary concretion moulded to the shape of the canal, of about three quarters of an inch in length; the moment this plug was removed, his mouth was almost filled with pus of a bloody character, and some clear saliva. He experienced immediate relief, and the swelling was at once reduced from the size of a large hen's egg to a mere trifling enlargement, and it is scarcely necessary to add, that in the course of a few days the man felt himself quite well. There was for the first two or three days a frequent discharge, but after this time he could perceive nothing particular either of the pain or discharge.

I felt much interested in the case, for, on inquiry, I found that he had perceived slight pain and swelling at times for four years previous to this date, and occasionally had had severe pain; and that he scarcely ever sat down to a meal without an almost sudden enlargement of the gland, and particularly so within the last six months, which swelling he could always disperse by pressing on it a short time with his finger.

The sympathy existing between the nerves of smell and taste was, in this case, most beautifully illustrated; for, according to the patient's account, he could never pass a savoury smell without feeling this sudden enlargement, and pain, and he said he had dined but a few days previous to my seeing him from a meal which, to use the man's own words, "always used to make his mouth water," but which in this instance, in consequence of the outlet of the duct being completely closed, had produced so violent a distention of the gland, as at once to set up such a degree of active inflammation, as shortly afterwards led to the discovery of the nature of the disease, and to his relief from suffering.

## AUSCULTATION IN VESICAL CALCULI.

*To the Editor of* THE LANCET.

SIR,—I hear that the last number of your medical Journal contains the description of a new instrument which is intended to facilitate the diagnosis of vesical calculi. A sort of stethoscope, added to the catheter, appears to be the principle of this *invention*. Without wishing to engage in any discussion about so trifling a matter, I may, in justice to truth, positively affirm having six years ago applied to Monsieur Charriere of Paris, who made me a long catheter, the handle of which I had topped in the shape of an olive, so as to adapt itself to the ear. I made several experiments on the dead subject with this instrument, and was quite satisfied how easy it was thus to distinguish any and various foreign bodies in the human bladder. I have shown this simple instrument (or spoken of it) to many surgeons in France, in Italy, and in London; nevertheless I am far from accusing Mr. Brookes of taking advantage of the thoughts of another person; and if I am induced to write these lines, it is to corroborate his opinion of the usefulness of such an instrument. The hand of the most talented operator has sometimes deceived his senses. I saw Baron Dupuytren cut for stone where none existed. My friend Professor Roux nobly confesses the same error. I could mention other similar mistakes, but the examples already given are more than enough to prove the utility of using the ear in the examination of the bladder. The hand assisted by the ear will no longer commit such direful errors; nor will patients, operated on for stone by MM. Civiale, Heurteloup, Amussat, &c., be sent away in full *security* as perfectly cured, with calculi or fragments of stone in their bladder, such cases now being generally known to have occurred. Hoping, Sir, that surgeons will not henceforth neglect this sign in the diagnosis of diseases of the bladder, I have the honour to be, Sir, your obedient servant,

CLAUDIUS TARRAL.

Iawson's Bedford Hotel, Paris,
October 8, 1835.

# THE LANCET.

*London, Saturday, October 24, 1835.*

IN regulating the government of our public, endowed hospitals, no neutral, no middle path between right and wrong, can by any possibility be pursued for any length of time. The circumstances which arise out of their management, must necessarily be productive of good or of evil. Either the inmates of the hospitals must derive advantage from the method of managing those institutions, or their condition must become

absolutely and necessarily deteriorated, from the neglect or want of skill of the medical officers. It is not often that disease will linger in its career. The constitution, on being attacked by an insidious and daring foe, requires all the auxiliary aid which it is in the power of the profession of medicine to afford, in order to remove suffering and ward off the threatened danger. In some cases the malady requires to be watched hourly. In others a visit made daily by the medical attendant, may be sufficient to satisfy the claims of the afflicted. But it is always observed in our public institutions, and even in private practice, that the presence of a physician or a surgeon, who, by his mild and gentle demeanour, and calm and steady firmness in the hour of agony and danger, can ensure the confidence and the favourable opinion of his patient, is enabled to furnish a degree of solace to the mind and feelings of the sufferer, which cannot be derived from any other source,—the inspiring smile, and the hopeful and benign assurance of the skilful medical attendant, often carrying with them an influence which is far superior, as an anodyne, to the effect temporarily resulting from the administration of the most powerful drug.

In the conduct of our hospitals, therefore, every person of ordinary observation and reflection would imagine, *a priori*, that in each of our endowed medical and charitable establishments, there existed an office occupied by a resident medical practitioner of highly-gifted attainments in medicine and surgery, who was fully adequate, on all occasions, to meet the emergencies which must arise in such establishments from the ravages of maladies of a serious character, and by the admission of injuries resulting from accidents of a dangerous and alarming description. Still, however, in this, the thirty-fifth year of the nineteenth century, we find it to be our duty to announce to the members of the medical profession, and to the British public, that the largest, the wealthiest, the most splendid of our endowed public hospitals, are still destitute of resident surgeons. A fact of this description is not only a stain on the character of the nation, with respect to the general policy of its laws, but it is also a stigma on its reputation for humanity.

In some of the minor establishments we know, full well, that there are persons who are denominated "house-surgeons;" but they are beardless lads, who have bought themselves into "office." We know equally well also, that there are medical officers attached to the various hospitals, but amongst these how many individuals are there who disgrace the profession to which they belong, by throwing into their dirty coffers the money which is viciously and basely obtained from aspirants to the office of house-surgeon,—money which is cunningly enticed often from the most inexperienced students, at a horrible sacrifice of the welfare of the patients, and to the utter perversion of every principle of that pure benevolence to the existence of which the hospitals owe their foundation! In *St. Bartholomew's Hospital*, for example, the office of house-surgeon is sold, SOLD, like an OX or a CALF in the neighbouring market! WILLIAM LAWRENCE has been one of the sellers, too, within the last year, and pocketed the cash which he obtained from the purchaser with as little remorse or shame as his brother traffickers on the same day bagged the produce of their cattle sales in the Smithfield pens. Shame, shame, that such practices should be perpetrated in a temple dedicated to the divine purposes of charity! In one institution, as our readers have recently seen,—in the hospital which belongs to the *London University*,—the office of house-surgeon has *not* been converted into an object of barter, of odious and mercenary barter, but has been made a prize for successful intellectual competition. It has been conferred on merit. To its possessor, therefore, may be entrusted —not the insignificant duties which can scarcely be faithfully executed by the boy of

purchase, but those which belong to the well-qualified and experienced members of the profession. But will it be believed that in *Guy's Hospital* there is no house-surgeon, either in name or in substance, and that a like deficiency also exists in the other great hospital of Southwark,—the hospital of *St. Thomas*, — the two establishments commanding, at the same time, pecuniary resources amounting to, if not exceeding, the sum of ONE HUNDRED THOUSAND POUNDS PER ANNUM? Both hospitals, it must at the same time be remembered, are liberally stocked with physicians and surgeons, whose friends and relations in the medical corporations have so contrived affairs that the hospital functionaries are enabled to draw their salaries from the pockets of those medical students who have the misfortune to be the victims of the ticket-and-certificate system. With only one hundred thousand pounds per annum, the funds of those hospitals are too poor to allow adequate salaries to be paid out of them to resident surgeons.

"Ah!" but some of the corrupt and pettifogging tribe will assert, "there is a resident *apothecary* in each establishment." True enough. So, too, there are resident pestles and mortars, resident mops and resident sponges, —pieces of convenience which are as much at the disposal of the resident apothecary, as the resident apothecary is at the disposal of the non-resident physicians and surgeons. The apothecaries are, in reality, nothing more than pharmaciens.* They regulate the dispensing department, and in some instances of *great emergency*, prescribe, perhaps, a dose of rhubarb, or twenty drops of laudanum. But do the apothecaries operate in cases of surgery? Do they dare cut down upon and divide the stricture in cases of strangulated hernia? Can they find the sheath of an artery, and tie the vessel, in a case of dangerous hemorrhage? Do they attempt even to reduce a dislocated limb,—to adjust the divided ends of a broken bone, or relieve the brain, by means of the trephine or elevator, from the pressure of a piece of bone in a fractured cranium? In short, the apothecaries of our hospitals are the mere servants of the medical officers in matters of dispensing, although they probably go through the formality of an occasional walk along the wards, in order to report any newly-occurring peculiarities in the cases, on the arrival of their masters, who, being particularly industrious and attentive, generally contrive to visit the hospital at irregular hours on two days in each week. Such a system of management one could almost conceive to have been projected by some crafty wily undertaker, who, having engaged to execute by contract the funeral business of the hospital, saw that it would be rendered profitable in proportion to the number of "black jobs" which he should have to execute. That a mode of management so fraught with evil is on the point of terminating for ever, we are well assured, and although this is the best consolation that the mind under the circumstances we have stated can receive, yet an indemnity against future wrong-doing can have no tendency to mitigate the sorrows and sacrifices which the misgovernment of our hospitals has produced during so many successive generations.

The advantages which would necessarily arise from the appointment of a resident surgeon of first-rate abilities to each of our great hospitals, would, in the course of a few years, be incalculable. The sick poor would be efficiently treated, the students would derive perpetual opportunities of improvement from an ample supply of clinical instruction which he does not now possess the means of obtaining, and the facts and observations which practitioners thus favourably circumstanced must be enabled to re-

* We make no attack on the professional character of the gentlemen who hold the offices of resident apothecary in these establishments, and we feel pleasure in stating that Mr. STOCKER, of *Guy's Hospital*, is not only an able practitioner, but that the business of his department is executed with invariable industry and ability.

cord, would contribute in a pre-eminent degree to promote the general diffusion and advancement of the thoroughly investigated principles of medical science. As the affairs of our medical institutions are *now* conducted, the responsibilities are so numerous, from their being separated into so many divisions, that there is scarcely a more difficult task to be executed than that of tracing out those links in the chain of circumstances which point to the source of a particular instance of management. Occasionally, indeed often, it happens, that a patient is attended by a physician, a surgeon, an apothecary, a dresser, and a nurse, each undertaking to execute certain duties, but no one acknowledging that the responsibility of the case rests on his own or her shoulders. When Sir ASTLEY COOPER so ably filled the office of surgeon in *Guy's Hospital*, he was so much annoyed by the occasional interference of the physicians with cases of surgery in which he had operated, that he was induced to recalcitrate, and express his great annoyance at the presence of some of the medical officers who were dangling at his heels, and not only interfering with, as that celebrated surgeon has more than once stated in public, but absolutely retarding and preventing the speedy cure of his patients. On one subject of abuse, where there was also a division of the responsibility, arising entirely in consequence of non-responsibility in the proper quarter, the worthy baronet expressed himself thus in the warm and stirring language of indignation and truth. We quote from his 54th Lecture on Surgery in THE LANCET, Fourth Edition, page 192, Vol. 2, 1823-24.

"At the present time, however, a surgeon must be either grossly ignorant, or shamefully negligent of the duty which he owes to the character of his profession, and to the common dictates of humanity, if he persists in giving mercury for this disease. Let those persons who suppose that gonorrhœa can be cured by mercury, go round our wards and see whether mercury has any effect on that disease. Look, gentlemen, at 100 patients in our foul wards, many of whom come into the hospital with syphilis and gonorrhœa; and many, I am sorry to say, who have only gonorrhœa, but who are invariably carried to those wards. What is the miserable treatment of these patients? You are aware, gentlemen, that I scarcely ever enter the foul wards of *St. Thomas's Hospital*. When a particular case demands my attention, I have the patient removed to the clean ward. I will tell you why I do not enter those wards, gentlemen. I abstain from entering them, *because patients under gonorrhœa are compelled to undergo so infamous a system of treatment that I cannot bear to witness it.* To compel an unfortunate patient to undergo a course of mercury, for a disease which does not require it, is a proceeding which reflects disgrace and dishonour on the character of a medical institution. No consideration shall induce me to repress my feelings on this subject: no authority shall restrain me from giving full expression to those feelings. As long as I continue a surgeon of *Guy's Hospital*, I will endeavour to do my duty; but I care not whether I continue a surgeon of that hospital another day. *I do say that the present treatment of patients under gonorrhœa in these hospitals*, by putting them unnecessarily under a course of mercury for five or six weeks, is *infamous* and *disgraceful*. The health of a patient is, perhaps, irremediably destroyed by this treatment, and, after all, not the slightest effect is produced by it on the disease. If he is cured of his gonorrhœa at all, he must be cured by other means. If you go to a patient with gonorrhœa in the foul wards at the end of his course, and ask him how many times he has rubbed in, he will generally answer 'Twenty-eight times.' If you ask whether he is salivated, he will tell you that he spits *three pints a-day*; but ask him whether his gonorrhœa is cured, and he will reply, 'No, I have the disease still upon me.' His disease is not in the slightest degree affected by the mercurial course to which he has been so unpardonably subjected, and it will soon after be necessary to cure him by injections or other means. When so infamous a practice prevails, I cannot satisfy my own feelings by resorting to milk-and-water language; every man of common feeling and honesty is bound to speak out on such occasions."

It it impossible to read this language without entertaining respect for its author. The denouncement of the odious system was honest, bold, and unflinching. In this instance, when THE LANCET had existed only about six months, one of the first effects resulting from the existence of an independent medical press, became particularly observable. During ten years had Sir ASTLEY denounced the mercurial system,—the sys-

tem of poisoning patients with mercury,—patients whose diseases required not one grain of mercury,—without producing the slightest effect on the ruling authorities of the establishment. At length the denouncement of the shameful abuse was published in this Journal, and along with it some strictures of our own, written in exact accordance with the views of the lecturer, and in less than ten days after the "infamous system" was made public, Sir ASTLEY, at the conclusion of a lecture, thus addressed his class:—

"I believe much good has already resulted from my observations on the abuse of mercury, and I am happy in being enabled to state that the venereal wards of *Guy's Hospital* are about to be opened UNDER NEW AND IMPROVED REGULATIONS. I have spoken to the treasurer (Mr. BENJAMIN HARRISON), and I have the satisfaction of stating that the custom of making patients *spit three pints a day* will no longer be A PART OF THE SYSTEM, but that the venereal wards will be opened under NEW AND IMPROVED AUSPICES."

Private remonstrance in attempting to correct this horrible abuse of one of the most powerful, and, at the same time, one of the most poisonous of our medicines, was utterly unavailing. Publicity, however, had the effect of shaming the ruling party, or parties, into the adoption of a rational system of treatment. We appeal to all the students who attended *Guy's Hospital* from the year 1816 to the year 1822, and we ask them whether they ever witnessed more distressing scenes than were to be seen in what were called the "foul wards" of that institution. Sufferings of the most dreadful description were caused by the use, the criminal use, of mercury, administered, in fact, for the cure of a local malady over which it had no remedial power, but produced, by its continued employment, often for a month and six weeks together, a train of evils not less frightful or destructive in their consequences than the very worst forms of one of the most terrible diseases which attacks the human frame, and with which malady the mercurial disease has often been confounded, even by discriminating practitioners.

The calamities, therefore, that originated in the abuse which Sir ASTLEY COOPER so feelingly and justly denounced, must, during so many years, have existed to a frightful extent. But where was the RESPONSIBILITY? Oh! it was *divided*. And, in reality, the distinguished complainant and surgeon was not responsible for the treatment of his own patients. There was a gentleman *who ruled over the establishment*. That gentleman was Mr. BENJAMIN HARRISON, and even that important functionary ought to have acted in conjunction with forty-nine associate governors.

Now, we put it to the common sense and the good feeling of the profession, and to the governors of *Guy's Hospital*, not omitting Mr. HARRISON himself, whether so destructive and cruel an abuse, attended with such unfortunate and fatal results, as the one named by Sir ASTLEY COOPER, could have existed for twenty weeks, instead of nearly twenty years, in *Guy's Hospital*, if there had been a resident surgeon in that establishment, and that surgeon had been made responsible for the proper, the scientific treatment of the disease with which the suffering patients were afflicted. Where there exist these mysterious and confounding divisions of responsibility in medical charitable institutions, there are always observable in them evidences of neglect or mal-treatment. Few or no facts are collected in them that may be added to the existing stores of medical knowledge; instances of proffered aid are regarded as so many uncalled-for interferences, professional jealousies are excited, and as each practitioner seems to feel that the credit of a cure cannot be the reward of *his* exertions, neither will the cause of death be attributed to his supineness or his want of ability.

But let us turn our attention from the hospitals which are receptacles for the sick poor, to the metropolitan institution of

Christ's Hospital, the maintenance of the health of whose inmates is regarded as an object of the greatest importance with respect to the high objects of moral and intellectual attainment. In this establishment one disease has continued its destructive ravages for a long series of years, not only uncured, but almost unrelieved or unchecked. In this single instance we observe all the mischiefs which arise out of injudicious appointments, in the first instance; and, secondly, from the impolitic division of responsibility amongst the medical officers. Since the year 1820, Dr. Roberts, Dr. Clement Hue, Mr. Abernethy, Mr. Lloyd, and Mr. Field, who has lately resigned the office of apothecary, have been the medical attendants of the children; and, in addition, there was, on one or two occasions, a visiting medical committee appointed, which embraced Mr. Lawrence, Mr. Brodie, and others, the personal friends, and, for the most part, the colleagues, of the officers of the establishment. Who, then, is responsible for the ravages which the ringworm has committed in this establishment,—for the sufferings which the poor children have endured,—for the bodily restraints to which they have been subjected,—for the imperfect education of which they have been the victims? It will be answered, that the whole of the medical officers are responsible. Ay! When it is thus divided, the portion which each has to bear presses so lightly that it is scarcely felt to be an inconvenience, and even that portion is blown away by the mere breath of either officer who alleges "that he "could not cure the patients because the "medical management of the children was "not placed entirely under *his* control,"—a statement which is rendered perfectly justifiable by the circumstances connected with the duties of each of the medical officers. Disastrous enough have been the consequences. The undying ringworm has pursued its course; the children have long been kept on a most unwholesome diet; the unfortunate boys have been tortured by the endless application of plasters and unguents to their scalps: and, what is still worse, the mental soil has, in numberless instances, been left entirely unimproved and uncultivated. These facts are most lamentable, but there is one which is also most extraordinary. The labours, the discoveries, the observations, of the medical officers of *Christ's Hospital have not contributed one solitary page of information* to our stock of knowledge on the subject of ringworm. So far as the labours of those officers are concerned, the members of the medical profession in this country are just as wise on the nature and treatment of ringworm, as they were on the first day that that malady made its appearance in the institution. We say, therefore, fearlessly and unhesitatingly, that if a succession of resident surgeons,—that is, supposing the first had failed or died,—had been appointed, no such omissions or results as those which we have stated, could have been observed or recorded.

With these views and impressions operating on our feelings, we look forward with the utmost anxiety and apprehension as to what may be the rules of management for the medical officers, after the coming election of a resident surgeon to *Christ's Hospital* has terminated. It is of no use to appoint a competent practitioner, and then bind and manacle him. His mind must be left at liberty to act with the utmost freedom from the exercise of any controlling influence on the part of those medical officers who now belong to the establishment, and for whose talents and zeal the "undying worm" has proved itself to be more than a match.

This journal is published nominally every Saturday; but, in reality, it is in the hands of our metropolitan readers by midday on Friday. The election of a surgeon to *Christ's Hospital* is to be decided by ballot on Friday the 23rd. We have taken this opportunity, therefore, of addressing a few

last words to the governors on the subject of appointing resident surgeons to our hospitals generally, and of the mischances that have happened, particularly from a division of medical responsibilities, in the institution over which we know it is their desire to exert an efficient salutary control. The candidates for the vacant office are about twenty in number, that is, if all can be called "candidates" who have issued letters of solicitation, without entertaining the hope of obtaining a single vote. From what we have been enabled to observe, we may state that the actual candidates may be divided into two portions; the one party having the fullest and most substantial claims to the confidence of the governors; the other part consisting of persons who have no title to the respect of the electors, although, as regards *confidence*, it is quite evident that they possess enough of it—*in themselves*. The candidates placed in the two divisions stand thus,—Mr. PLUMBE on one side,—a score of opponents on the other. Here, then, is a contrast presented by the claimants for the office, and it would be quite useless to institute a comparison, for there is in reality nothing to compare, unless the shadow be classed with the substance, —unless the inexperience of youth can be made to maintain a parallel with the matured knowledge of a twenty-years' assiduous devotion to the labours of an arduous profession. Some of the candidates, we understand, have been educated at *St. Bartholomew's Hospital*, but we will not do the governors the injustice to believe that even a thought will be entertained of taking another gentleman from that school to place him in the office of medical attendant in *Christ's Hospital*. No such folly, such pernicious folly, can be committed by rational and benevolent men. The teachers of *St. Bartholomew's Hospital* may be men of experience, and of first-rate ability in the general practice of the profession, but the distressing experience of many years has incontrovertibly proved that they are incapable of curing the disease called "ringworm," — that the suffering children of *Christ's Hospital* have received from the hands of Dr. ROBERTS, Dr. HUE, Mr. ABERNETHY, and Mr. EUSEBIUS LLOYD, (the present consulting surgeon of *Christ's Hospital*), who all have been, and still are, lecturers and practitioners in *St. Bartholomew's Hospital*, little or no relief from the persecuting malady with which they are afflicted. All of these gentlemen have held office, have been consulted, or are still holding office, in *Christ's Hospital*, and their efforts in the attempt to cure the heads of the afflicted children, have been utterly and signally unavailing. The masters, the *instructors* of youth, have failed, and shall it be said that the apprentices, the *instructed*, shall be selected, in the hope that inexperienced youth can accomplish, in the treatment of disease, obstacles which are not to be surmounted by the ripened knowledge of experience and age? No such selection *can* be made by the governors. A choice of that kind would, in reality, be little less than a solemn mockery of the complaints which have been so loudly made by the parents and guardians of the distressed and tortured children. There may be amongst the governors two or three mischief-makers who may be swayed in their choice by the interests of party, rather than by the dictates of reason, and whose love of intrigue may be superior to that of works of benevolence; but confidently assured are we that an overwhelming majority of the governors will be influenced in the selection of a candidate by an earnest, noble, and generous desire to spare the interesting objects of their solicitude every torment which can be averted by the judicious exercise of medical skill. No consideration of a less rational or humane tendency can by any possibility determine the choice which is about to be made by a large body of independent English gentlemen. They are called upon to act as parents on this occasion, for the children are placed entirely under their guardianship. On reflection they must

perceive that it is their paramount duty to get rid of the scourge which has so long pestered hundreds of the scholars, and in furtherance of that duty we now once more earnestly express a hope, THAT THE GOVERNORS WILL NOT BE INDUCED TO ELECT THE RESIDENT MEDICAL OFFICER FOR A LONGER PERIOD THAN ONE YEAR. Whatever may be the entreaties of the candidates, or the petitions of their friends, THIS LIMIT, relative to the time of holding the office, SHOULD BE RESOLUTELY FIXED, and not departed from under any pretence whatever. At the end of the year, if the state of the children do not indicate that a confirmed progress towards the improvement of their health has been made, the surgeon who has been allowed a twelvemonth's trial, should instantly give place to a successor in his office. In acting with decision and promptitude, the governors discharge no more than their duty towards the children; whereas if their conduct be marked by the slightest evidence of supineness in matters of such vast importance as the health and education of the pupils, they cannot justly be excused from an accusation of culpability.

In contending for the superior claims of Mr. PLUMBE, we trust that the character of this Journal will fairly permit us to refrain from remarking that we are influenced by no partial or unworthy motive. He has proved by his published works, by his success in the important medical offices which he has already held (those of senior surgeon to the St. Giles's Infirmary, and of senior surgeon, for many years, to the Metropolitan Infirmary for Children), that he is capable of maintaining a first place in the rank of medical practitioners, and that in his knowledge of the nature and treatment of diseases of the skin, his superior is not to be found amongst the physicians and surgeons of this metropolis. His claims to the favourable opinion of the governors are founded on his talents and experience. His title to the support and recommendation of this Journal *has no other foundation*.

The duties of the Governors, with regard to the medical care of the children, must not terminate with the appointment of Mr. PLUMBE. After he has been installed in his office, that gentleman must be left free to act. He must not be hand-bound. He should be entrusted without restraint with the care of the health of the children, which would necessarily place their medical and dietetary management under his control. With such an arrangement there would be no *shifting of responsibility*. If the mode of treatment should fail, the Governors will at once be enabled to trace the failure to its right source, and other professional aid must be sought for and obtained. It is high time that all forbearance or dalliance with such an insidious and destructive foe as the ringworm should terminate. From the number of communications which we have received on the subject of this election, we know that the parents and guardians of the children are awaiting, with the most intense anxiety, the result of the contest. A respectful and generous reliance is bestowed by their relatives on the judgment and benevolence of the Governors; and as for the afflicted children, their hands are raised towards their benefactors in piteous mood, expressively, though silently, hoping that the hour of redemption from their prolonged sufferings is at last drawing near. They who can remain unmoved in the presence of such a scene, and who can suffer their judgment or their motives to induce them to vote for the candidate whom they do not believe to be the best qualified and the most capable to protect the scholars from the further destructive ravages of the disease, must have their feelings steeled against all the finer sympathies of human nature. We hope and believe that persons of this description are not to be found amongst the benevolent Governors of *Christ's Hospital*.

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A letter appeared in *The Times* of Thursday, October the 22nd, dated from "Christ's Hospital, Hertford," and signed,

"ROBERT BENNINGTON." In this letter the writer observes,—"In the London es-"tablishment, the disorders affecting the "scalp, formerly so troublesome, have, I "understand, disappeared." *Disappeared!* Why not say *cured*, if such be the fact? But is it not strange that Mr. BENNINGTON, the medical attendant of the branch establishment at Hertford, should undertake to give an account of the state of *Christ's Hospital* in London? The time has been conveniently chosen for writing this delusive canvassing letter; but we feel confident that the Governors are not to be deceived by any such efforts, and that on the day of election they will conscientiously and honourably record their votes in favour of that man who by his researches, his experience, and the devotion of a great portion of his professional life to the consideration of the diseases of the skin, and who, by his discriminating and prudent recommendation to the Special Committee of *Christ's Hospital*, has proved that he is pre-eminently qualified to occupy the office of resident surgeon in that great national establishment.

It is a curious fact that Mr. JEAFFRESON, of Framlingham, in a letter which was published in THE LANCET of March the 14th, 1835, page 872, while speaking of the qualifications of Mr. BENNINGTON, who had been his apprentice, refers, in proof of the first of those qualifications, to the fact that *during his apprenticeship* Mr. BENNINGTON had "*read the works of* PLUMBE *on the history and treatment of ringworm.*" The governors of *Christ's Hospital* have now the opportunity of choosing between the PRECEPTOR and the PUPIL. To suppose, for one moment, that they would prefer the latter to the former, while yet Mr. PLUMBE is scarcely forty years of age, and therefore in the prime of life, would be anticipating that the governors would display a perverseness of judgment which would indicate to the legislature of this country that all lay interference in the medical elections of our public institutions should cease and be abolished for ever.

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THE contest for the office of surgeon in the parish of St. Clement Danes, after the votes had been recorded by ballot during three days, terminated on Wednesday last, in the election of Mr. COSGREAVE, by a majority of 103 votes over his opponent. We do not blame Mr. DUNN for having offered himself as a candidate on this occasion, but we condemn the principle by the advocacy of which he endeavoured to sustain his claims to the confidence of the rate-payers. On every account we rejoice in the election of Mr. COSGREAVE, because we are satisfied that he has discharged his duty to the poor with humanity, industry, and skill; and better proof of this assertion cannot be offered than the fact that although our office is in the centre of the parish, and situated within two hundred yards of the workhouse, not a single complaint against the parochial surgeon has been made to us in the course of the nine years during which Mr. COSGREAVE has filled the situation. If such a man is to be rejected because another person thinks that *he* ought to occupy the post, there would be an end to the respectability of the profession, to the humane treatment of the poor, and to the stability of all useful and efficient reforms.

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WE regret that we have not space in the present LANCET which will allow of our offering a few additional words to the "recognised" lecturers. They contend that we are unjust in our remarks, and that the existing system is not one of robbery and delusion. We must appeal from their verbal decision to the experience and feelings of the pupils. By some of the lecturers our opinions and views have been wholly misrepresented. We thank them for their falsehoods.

*The Anatomy of the Regions interested in the Surgical Operations performed upon the Human Body, &c.* In a series of Engraved Plates, on India Paper, the size of Life. By J. LEBAUDY, M.D. London: Bailliere, 1835; 4to, pp. 32.

WE cannot consider the present volume (which is priced at the sum of one pound four shillings), notwithstanding the freshness of its title and appearance in some parts, to be any other than the atlas of the *Journal des Connaissances Medico-Chirurgicales*, which is sold at the bureau of the journal, Rue de l'Ecole de Médecine, next door to the Hotel Herisson, for the much more modest sum of six francs. M. Lebaudy is an excellent artist himself, and his plates have been designed and engraved with much accuracy by some of the best artists in Paris. We have, therefore, no objection to make against the surgical value of the work, but must protest against the high price which has been set on it in an English dress. We know that the *Journal des Connaissances* owes the immense circulation which it has obtained in a short time, to the cheap and inadequate price at which it was originally published,—five shillings per annum. It is, therefore, not very unlike an imposition to take the atlas of that journal, paste the words "Published in London and Paris by J. B. Bailliere," over the real title of the plate, and sell it, with thirty-two pages of description, at such an unconscionable increase on the original cost. We should certainly advise a reduction in this respect, and also in another, that of the number of the plates, for instance, plate 18, which, though suitable enough in the journal that originally contained it, is misplaced in a work on surgical anatomy.

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*On Blood-letting.—An Account of the Curative Effects of the Abstraction of Blood; with Rules for employing both Local and General Blood-letting in the Treatment of Diseases.* By JAMES WARDROP, M.D., Surgeon to the late King, &c. London. Bailliere. 1835. post 8vo. pp. 148.

THE lectures on the above subject, which were made public some months since by their eminent and experienced author in the pages of THE LANCET, elicited expressions of admiration from the most intelligent medical practitioners in all parts of the country, not only in consequence of the novelty of many of the doctrines which were then enforced by Mr. Wardrop, but also from the philosophical views and the strictly physiological and pathological principles on which his opinions were founded. The extensive practice which naturally attends the professional fame of an able and accomplished surgeon, speedily affords him gratifying opportunities of learning the extent of favour with which his published doctrines, far and wide, have been received. Prompted, therefore, in the present instance, by an assurance of the feelings of interest which his labours in diffusing a correct knowledge of the principles of bloodletting have excited, the author has here combined, in a series of uninterrupted pages, all that he had to communicate on the subject, with something in addition, as we learn from the preface to the edition before us, with a quotation from which we shall be content in noticing the volume, for farther extract would be useless on an occasion in which the author has simply strengthened the arguments, not enlarged the opinions, he had previously employed:—

"Embracing some of the most important subjects of discussion in medical science, the following observations were not submitted to the profession without the exercise of much care and deliberation; and the favourable reception which they obtained has induced the author to collect and publish them in the present form. In accomplishing this labour, however, he has not failed to use his best endeavours to render the work more comprehensive, by dwelling at greater length on some points, and by giving additional cases illustrative of several interesting topics.—Charles Street, St. James's Square, October, 1835."

The volume is most conveniently indexed by side-notes in each page.

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*A Practical Treatise on the Diseases of the Uterus and its Appendages &c.* By Madame BOIVIN and A. DUGES. Translated, with copious notes, by G. O. HEMMING, &c. London: Sherwood, 1834; 8vo, pp. 559, plates.

THE original of this translation has been for several years before the medical public, and its value is fully estimated. Madame Boivin was a worthy successor of Madame La Chapelle, and in the arrangement and

composition of her work she has been ably assisted by Monsieur La Duges of Montpelier, who, by-the-by, composed a great part of the late Madame La Chapelle's work, also. A good standard treatise on the diseases of females was always a desideratum, not only in this country, but in most of the continental states; indeed we cannot say that the want is yet satisfied, unless we allow, with some physiologist, whose name we forget, that "the uterus makes the woman." Were the latter proposition true, Madame Boivin's work would be almost perfect, for nothing can exceed in fidelity her description of the natural structure of the uterus, and the various morbid changes to which that organ is liable. However, as she professed to confine her attention to diseases of the uterus, we cannot reproach her for limiting the range of her investigations.

We are relieved from the necessity of noticing the present translation in detail, by the copious extracts which have been already long given from the original. We shall therefore content ourselves with again repeating that the work of Madame Boivin and Monsieur Duges on the diseases of the uterus is indispensable to the library of every practitioner; and that Mr. Hemming has shown a sound descrimination in rendering it into our own language for the advantage of those who are not familiar with the original. We should mention that the work contains forty-one plates, from drawings on stone, and executed with sufficient accuracy. It would perhaps have been better had the plates been kept separate from the letterpress, as in the original work, and thus afforded English readers an opportunity of purchasing either separately.

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*Jardine's Naturalist's Library Entomology. Vol. III. British Butterflies.* By James Duncan, M.W.S. Edinburgh: Lizars. London: Highley. 1835. pp. 246.

Mr. Highley has issued two more volumes of this very interesting scientific work,—one of them devoted to the class of pigeons, the other (as above entitled) to the British Butterflies. They only require to be seen to be valued, a result that is ensured to them extensively by the price at which they are published. Nothing so cheap in the way of information has yet come from the press. Each plate of the seventy in these two volumes is coloured, and with remarkable fidelity. An exception exists here and there in the portraiture perhaps. In the "wood pigeon," for instance, we detect one, but the faults altogether are very rare. A memoir of Werner is prefixed to the volume on Butterflies. The selection of the biography of this philosopher to enlarge the bulk of a work on butterflies is somewhat odd. The man of rocks and metals seems to preside heavily over the memorials of such feather-weight objects. Werner, however, had one thing in common with as great a man in the latter way. As the enthusiasm of the latter led him to believe that butterflies carried language on their wings,—for he desired his mistress, when they crossed her path, to read thereon words of affection from himself,—so Werner fancied "that stones could speak," and demanded from them the history of the whole world. Such, indeed, was his notion of the science, that he even, says Cuvier, "endeavoured to trace the laws of military art to those of geology, and if *his* account was to be received, every general should have commenced his career by studying for some time at Freyburg," where Werner held the post of professor, and inspector of the cabinets. It is only these excessive enthusiasts who achieve the highest results in science.

There is a very curious fact in the history of Werner, which is worthy of being noted among men of science. He wasted no time over pens and ink. He constructed no manuscripts for the diffusion of his fame. He left the simple facts which he discovered to work their own way, as they could, into general circulation. It was enough for him to detect them, and divulge their existence by word of mouth. He would not write. He hated the scribbling art with an intensity unmatched,—with an abhorrence so great, that it is hardly unreasonable to ask if he knew "the way," while the curious may ask with laudable eagerness to see his autograph, if he ever left one.

The following extract from the *Eloge*, pronounced by Baron Cuvier before the University of France, will be read with interest, not only from the singular details which it contains relative to this circum-

stance, but from other characteristic acts which are calculated to engage the attention of the readers of a work of taition. Whatever is not new in this account is worth reviving:—

"Strangers who happened to visit Werner at Freyberg, and expected to enter into conversation with a mineralogist only, were surprised at his continual discussions on tactics, politics, and medicine. They were sometimes tempted to regard them as allied to the reveries of a maniac. Indeed, we may admit that there must have been something of exaggeration in generalizing to such an extent the relations of a single object; but the disciples of Werner hurried with enthusiasm upon a field of inquiry which he described to them as so vast and fruitful as to embrace all these topics. A mineralogy which was purely mineralogical, would perhaps have disgusted many of them; but they devoted themselves with ardour to a mineralogy which seemed to present them with a key to all nature: and even although, on a final analysis, there might only remain to them the foundation of the science, would they not still have reason to rejoice at the pleasing illusions which had been the means of leading them thither? Some individuals who have since risen to the first rank among the mineralogists of Germany, had wished to hear him, only for the purpose of obtaining a summary knowledge of mineralogy; but having once listened to him, that science became the profession of their lives. It is to this irresistible influence that the scientific world has been indebted for those laborious observers who have removed from the globe the last veil that concealed her mysteries. Karsten and Wiedman in the cabinet—Humboldt, Von Buch, Daubieisson, Hermann, and Freyensleben, on the Cordilleras, amidst the flames of Etna, in the deserts of Siberia, in the mines of Saxony and Potosi—have been led on by the spirit of their master. They always ascribed to him the honours that resulted from their labours; and it might be said of him, what could formerly be said with truth of Linnæus only, that nature was every where interrogated in his name.

"Few masters have enjoyed in the same degree the pure and unreserved gratitude of their scholars; but no one, perhaps, had ever so much deserved it by his paternal regard for them. There was no sacrifice which he would not make for his pupils. His time and strength were at their service; and if he knew that any of them were in temporary need, his purse supplied their wants. When his audience became too numerous for each to see conveniently the objects which he exhibited, he divided the students and repeated the lecture. His door was at all times open to them; he took his meals usually with some of them, as if he wished that no opportunity should be lost for their instruction. Such a master might well entrust the care of his reputation to his scholars; and it is, in fact, by them that it has been established. In this point, also, resembling Socrates, to whom he has been compared in so many other respects, nothing can be known of his views but from the notes that have been taken of his lectures. Whether it was that he became satisfied with the ascendancy which he acquired by his powers of speaking, or that the vivacity of his imagination could not submit to the restraint and tediousness of writing, it was only with the greatest difficulty that he was induced to prepare for the press one or two pamphlets and a few articles for the journals, though he engaged in oral discussions as readily as could be wished, and for hours together would utter the boldest and best-connected ideas. Nothing, however, could make him take up a pen. His antipathy for the mechanical act of writing, was rendered amusing by its very excess. His letters are extremely few. The tenderest friendship, the most profound esteem, could scarcely extort one from him; and at last, in order that he might not reproach himself for his want of politeness, he ceased to open such letters as were sent to him. One author, who was desirous to have the opinion of many scientific men respecting a voluminous work, circulated his manuscript among them. During its progress the packet was lost. After a thousand researches, it was at last disinterred from under a hundred others in the house of Werner. To carry this matter to the extremity, he did not even reply to the French Academy when it placed him on the list of its eight foreign associates, which is adorned with all the great names of which Europe has been able to boast for more than a century. Perhaps he did not even know that this honour had been conferred on him, unless he chanced to learn it from some almanack. This insurmountable antipathy to writing caused him to infringe the laws of etiquette, which next to his studies affected him most. In everything else he is said to have observed the slightest courtesies of social life with as much punctuality as he attended to the varieties of minerals. His little eccentricities, at which he was the first to smile, were in no respect unpleasant in their alliance to whatever is most elevated in genius and amiable in disposition. They had no influence on the affection of his pupils, who accommodated themselves to his peculiarities, eager to show their attachment even

by attending to his foibles. But these peculiarities posterity has to lament, as they have thereby been deprived of valuable works, which no one else for a long time can execute so well. It is said that the first sheet of his great work on mineralogy was sent to press, but that he could not undergo the fatigue of correcting the proofs. His whole life was thus spent in ignorance of all that was going on at a distance, without reading the journals of literature, and without even ascertaining whether envy had occasionally made him the object of her attack. His life might have been expected to be prolonged for a considerable time; for of all the methods which he had studied, that of taking care of his own health had not occupied him least. But the misfortunes of Saxony escaped his foresight, and destroyed his peace, and his resulting anxiety produced a complication of diseases, to which no care could administer a remedy. He died in the arms of his sister, on the 30th of June 1817, aged 67, at Dresden, whither he had gone in the hope of some alleviation of his sufferings."

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*The Clinique Médicale, or Reports of Medical Cases.* By G. ANDRAL, Professor to the Faculty of Medicine, &c. Condensed and translated by D. SPILLAN, M.D., &c. London. Renshaw. 1835. 8vo. Parts I. and II.

We recommend this translation as a production which presents two advantages that are not often found in combination in medical works. In the first place the original (which, as we have before said, is too well known to require comment) is the best system of medical pathology extant; and in the second, the translation, which seems to be executed with accuracy and care, is moderate in price. Generally speaking, the English translations of foreign works are published at unreasonable prices. Their circulation is thus necessarily limited, and the good example of many excellent continental works prevented from exercising the influence on medical literature and practice which it is desirable that it should obtain. The price of this translation will, when it is completed, hardly be higher than that of the original, and he must be a hardy *literateur* who will contend that a translator should obtain more for his labours than the author who is translated.

The English edition is produced with great neatness and typographical accuracy, and the space has been well economised.

*Observations on the Principal Medical Institutions and Practice of France, Italy, and Germany, &c. With an Appendix on Animal Magnetism and Homœopathy.* By EDWIN LEE, M.R.C.S., formerly House-Surgeon to St. George's Hospital. London. Churchill. 1835. 8vo. pp. 216.

The contents of this volume are justly described in the preface as presenting "an impartial and not inaccurate sketch of the actual state of medical and surgical practice in France and Italy," with some "notes on German Institutions, less copious, but calculated to convey some idea of the state of practice in that country."* The author might have given other qualities to his sketch with advantage, because the great bulk of his matter is not new to this country; but he does not seem to be a gentleman of much originality or expansiveness of view, or one who is likely to handle an old subject, or newly arrange the points of a stale topic, in a more vigorous or attractive manner than his predecessors, and we willingly excuse his abstinence from the attempt. He would certainly have failed in the effort. His dedication, however, of a volume devoted to an exposition of the free medical institutions of the continent, to one of the most narrow-minded andilliberal functionaries of the close hospitals and colleges of Great Britain, was a mistake of which he should not have been guilty, and certifies very early in the book more respecting the deficiencies in its character than there is any occasion to denote here. Even as it is, Mr. Keate must have received his copy of the volume as a diseased child receives into its unwilling hand a cup of detested rhubarb. But impartiality and accuracy are excellent qualities, and having said thus much respecting the absentee virtues, we express contentment with the labours of Mr. Lee in that respect. His volume will prove useful to medical students who visit the continent, and afford them a fair extent of introductory knowledge respecting the institutions which supply the means of professional learning in the quarters specified. Scattered through its pages we find

* Mr. Lee's grammar cannot be much praised. How many languages are studied by Englishmen in preference to their own! "German institutions" do not constitute a "*country*." Such blunders are frequently made.

several parts which might be added, had we space, to the account of the Parisian school and hospitals, which last week appeared in our columns. Here would be a good bit to begin. Mr. Lee was very right not to spare Mr. Keate this pinch in the dose. The fact in italics is old enough, but we quote it as the testimony of one who was bred where *every* "impediment" and *no* "facility" is shown to *strangers*.

"I take the opportunity of expressing my grateful acknowledgment of the attention and urbanity I experienced from the professors of medical attendants of the different institutions which I have visited; and beg to assure future travellers, that on the Continent generally, *strangers meet with no impediment to their visiting charitable establishments, but, on the contrary, every facility of investigation is afforded them.*"—(Preface, page ix.)

No pig could behave worse than we have seen some officers in our hospitals behave to continental surgeons and physicians who have done them the honour to attend their "visit" in the wards. To make less nauseous the rhubarb draught, Mr. Lee drops one lump of sugar into the cup of Mr. Keate.

"The concours is not likely to be speedily adopted in England,"—

Pretty well this, for a man of Mr. Lee's opportunities of knowing what it is likely that the British Parliament will or will not be likely to do when they begin to *reform* English medical law.

"The concours is not likely to be speedily adopted in England, where the hospitals are supported by the benevolence of individuals who naturally consider themselves entitled to,"—

When a man who knows nothing of water gets out of his depth, tolerably sure he is to be drowned. There are three hospitals in England,—St. Thomas's, Guy's, and St. Bartholomew's, possessing fixed, permanent, and immutable incomes, amounting to a hundred and forty thousand pounds a year, which incomes are completely free from the control of any individuals who can at their option divert the income of the hospital from its purposes, or who may, as Mr. LEE says,

"Naturally consider themselves entitled to take part in their internal management. Under the present system (Mr. Lee continues, after this terrible blunder), the voice of public opinion and criticism,—far more strongly expressed in England than elsewhere, and the judicial investigation which ensues on fatal cases, where suspicions of improper treatment exist, are the principal securities for the capabilities of hospital professional attendants."

A twig of ambiguity floats in the stream, and the drowning author shall have the benefit of a grasp at it. Mr. Lee does not say that these *are* securities, but that these are the "*principal* securities." They may be the *principal*, and yet "bad may be the best." Without saying one word about the competent "voice of public opinion," we need only remark that "the judicial investigation which ensues in fatal cases," consists in the sham formality of a coroner's inquest, with a *lawyer* at its head, and a nurse, an hospital porter, and a youthful "dresser," for its sources of evidence, although the inquiry is one which often involves the most important points in medical practice that can come before a tribunal of justice.

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## WESTMINSTER MEDICAL SOCIETY.

*Saturday, October* 18, 1835.

Dr. ADDISON, *President, in the Chair.*

THIS evening the above Society held its first meeting for the new winter session, the members assembling, as before, in the Hunterian Theatre of Anatomy, Great Windmill-street. The minutes of a former meeting having been read and confirmed, the President acknowledged having received a work from Dr. Conwell on the Liver, for which thanks were returned.

The Secretary Mr. THURNAM announced the following papers as having been offered for reading before the Society:—

1. On the Physiology and Pathology of the Teeth. By Mr. Mart.
2. On Catheterism, with a new form of Instrument. By Mr. Costello.
3. On the application of Mineral Magnetism to various Nervous Diseases. By Dr. Schmidt.
4. On the Influence of the Mind on the Diseases of the Body. By Mr. Smith.
5. On the Inefficiency of Bleeding in many diseased states. By Dr. Epps.
6. On Doses of Medicine. By Dr. Leonard Stewart.

Dr. WEBSTER afterwards proposed Mr. Richard Quain, one of the Vice-Presidents, as President in the room of the late Mr. Gilbert Burnett, whose term of presidency (two seasons) expired a few weeks prior to his death. The doctor regretted that he could not do adequate justice to the memory of the deceased, but he felt satisfied that the

members were fully sensible of the loss they had sustained in so indefatigable and useful a member of the Society.

Mr. Hale Thompson was next proposed to fill the office of Vice-President, and several gentlemen were afterwards nominated on the Committee for the ensuing year; the ballot to take place at the next meeting. (The Committee consists of ten members, and the other officers of the Society.)

Mr. COSTELLO animadverted on the promises which had been broken last session, with respect to the production of papers, after the embryo authors' names had been conspicuously advertised both in and out of the Society. He was happy to find that such a measure had not been resorted to on this occasion, trusting however that those members, though few, who had now come forward, would abide by their promises, or destruction would fall upon the Society. In alluding to the death of Mr. Burnett, he hoped that his successor to the Presidency would be requested by the Society to follow the example of their continental brethren, and pronounce an *eloge* on the memory of the deceased. The other business of the evening was then commenced.

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### REMARKABLE TUMOUR.

Mr. COSTELLO detailed the particulars of a tumour (laid on the table) which had been taken from a child, then four months old, by Mr. Renwick, one of the Surgeons of the *Canterbury Hospital*, now weighing full two pounds, but at birth not exceeding three ounces. The tumour (congenital) was situated at the lower end of the spinal column, at the extremity of the os coccygis, not implicating the rectum. It was removed by successive ligatures; no irritation was at first produced, but after eight days the irritation was so high, that the mother expected the death of the child to ensue. On the 22nd day the tumour separated from its bed, the pedicle measuring about two and a half inches in circumference. The cicatrix left at the part of separation was very peculiar, and might be likened to the fractured extremity of a fresh cabbage-stalk, when broken in halves. The cicatrizing surface was red, but no exudation had since occurred from it. The substance of the tumour it would be difficult according to existing nosology to define, but the term "lardaceous" he believed would be the most appropriate. The child did well, and was now in perfect health. The growth of the tumour absorbed, apparently, all the nutriment derived by the child.

The size and denseness of the structure, which was almost semi-cartilaginous, in such an infant was considered, generally, as very remarkable, and almost without parallel.

### CASE FOR OPINIONS.

Dr. JOHNSON was anxious to obtain the members' opinions respecting a case on which he was consulted a few days since by a letter from Liverpool; and as only the initials of the patient were affixed, he (Dr. J.) saw no impropriety in laying it before the Society. The Secretary then read the letter, which contained the following particulars:—Mrs. S., aged 28; married. Two months back she began to suffer from a numbness of the lower extremities, now felt as high up as the iliac bones. She walks with a dread of falling. Has pain over the lower portion of the sacrum, which is increased by pressure. Lumbago; abdomen slightly tympanitic; the bowels and bladder are evacuated freely; the catamenia are regular, but the discharge is attended with pain, during six days; and she suffers from leucorrhœa. She has great debility, dyspnœa, palpitations, bad appetite, and pain about the epigastric region, but no symptoms of gastritis; prurigo; feet œdematous. The lady has been married seven years, but has no family. The lumbago is attributed to a fall received before marriage, and it has since been constant and severe. The leucorrhœa and dysmenorrhœa appeared immediately after marriage. Within the last twelve months she has been bled very frequently, and leeched and blistered; has had two issues inserted, and she has been placed in hot baths; to which treatment the medical gentleman who details the history of the case attributes the dyspnœa and palpitation. The pain and discharge from the uterus were so severe as to warrant the treatment. Injections into the uterus have been used. Mercury invariably produced diarrhœa. For the numbness no treatment had been directed, except blisters on each side of the spine, but these were not attended with relief. The diet now allowed is generous, and she is taking the mistura ferri composita. The lady is not hysterical, so far as the writer (a physician in Liverpool) could judge. The correspondent of Dr. Johnson inquired of him, Can the numbness have arisen from debility, the combined result of the treatment and uterine disease; or is i paraplegia from spinal disease?

The PRESIDENT considered the case to be a complicated one, but not rare. The debility, no doubt, was attributable to the combined effects of the depletory treatment and the uterine affection.

Mr. COSTELLO thought the case too imperfectly related to be placed before the Society. Many other points were highly necessary to be ascertained, before the nature of the case or its proper treatment could be pronounced.

The PRESIDENT did not doubt for a moment that the numbness depended on an affection of the spinal marrow, but whether that affection was primary or secondary it

was impossible to judge. In confirmation of this, he alluded to the case of a girl who had been received into *Guy's Hospital*, while the catamenia were present, and which were arrested suddenly by the affusion of cold water, followed immediately by a severe attack of pleurisy, attended with numbness and œdema of the inferior extremities; but so soon as the uterine disturbance was corrected, the pleurisy and other symptoms induced by the arrest immediately disappeared.

Dr. JOHNSON adverted to the fall which the patient had received, and said he had requested the advice of an eminent physician-accoucheur and pathologist of this metropolis, whose letter in reply to that of Dr. Johnson was read, but it simply and briefly attributed the sufferings to spinal disease.

The PRESIDENT (by the special request of Dr. Johnson) gave his opinion on the treatment; he suggested that perfect rest for months should be enjoined, and that a nourishing diet should be allowed, and anodyne injections used; but during the time the catamenia were present, he would strongly recommend that the patient should move about, as a sluggishness of the uterine functions at that time, he had found, greatly contributed to increase the debility. He could easily conceive why the stimulating preparations of iron had not proved beneficial. These he never prescribed under similar circumstances, for he had found that such stimulants naturally increased the irritation, and thereby kept up the pain, suffering, and disturbance. The same objection, however, was not to be urged against the diffusible stimuli, and from the carbonate of ammonia, rendered palatable to the patient, he had derived in his practice great benefit as a stimulant.

Dr. RYAN, in addition to this treatment, recommended small doses of strychnia, and the introduction of metallic sounds into the uterus; in the use of which instruments he had seen much benefit derived when cautiously introduced into the uterus, commencing with small-sized bougies, and gradually increasing them; for while the patients were suffering from dysmenorrhœa, he had ascertained by examination at the time, that the parts were much contracted.

Mr. CLARKE observed, that whatever merit attached to this plan, was due to Dr. Macintosh, who introduced the practice.

Mr. COSTELLO remarked that this formed one of the improved plans of treating urethral diseases, which he hoped shortly to lay before the Society.

Mr. STRETTON then exhibited to the Society some diseased preparations of fungus hæmatodes, attacking different structures in the same individual, and the Society shortly afterwards adjourned.

## LONDON UNIVERSITY MEDICAL SOCIETY.

Oct. 16, 1835, Mr. CHIPPENDALE, President.

### MOLLITIES OSSIUM.

(*From a Correspondent.*) — A paper on mollities ossium was this evening read to the Society by Mr. PIPER, and followed by an animated discussion, in the course of which several theories on the pathology of the disease were advanced. Mr. Haymes thought that proof that phosphoric acid was superabundant in the system, had been afforded by analyses of the bones of persons who had died from this disease, and that their insoluble phosphate became by this means converted into a soluble superphosphate, which was thus, with much greater facility, removed, by the absorbents diminishing, more or less rapidly, the quantities of earthy material. Mr. PACKMAN advanced an opinion that the disease arose in consequence of deteriorated function of the periosteum, its arteries having lost their healthy secerning power, while the absorbents still continued to remove the portions of earthy matter that had already been deposited. Mr. BRENT endeavoured to follow up this view, and supposed the *reason* of the periosteum being unable to secrete a healthy deposit (in cases where immense quantities of common salt had been habitually swallowed by the patients, as has been said to have frequently been their custom) to be either the result of sympathy with the stomach and other organs of digestion, so greatly debilitated by the salt, or else that the salt itself soon became absorbed into the circulating fluid, and re-acting upon the phosphate there, as well as on that contained in the osseous structures, produced two partially soluble salts, the phosphate of soda and the muriate of lime, which were immediately taken up by the vessels. He added that the disease might, on the other hand, arise from deficient acton of the kidney, that organ becoming unable properly to separate the salts from the blood, which, by accumulation, would have the tendency of giving rise to the soluble salts. The phosphatic urine, he argued, was a sufficient proof that the urinary organs were somewhat disturbed. Messrs. Keyse, Brightman, Piper, and other gentlemen, also spoke on the subject, which continued to occupy attention until the period of separation.

## NORTH LONDON HOSPITAL.

### CARIES OF THE OS CALCIS.

AMELIA CALLOWAY, aged 17, was admitted, May 12, under the care of Mr. COOPER. About three years ago a swelling appeared under the ankle of the right leg on its internal side. Sometimes it was very painful, but she continued to move about until the week previous to her admission. Some time last March the swelling broke. She had experienced a little relief at a dispensary, until a short time before her admission, when she got much worse, and her general health suffered considerably.

14. Pain so violent in the ankle that she cannot sleep; poultices have been constantly applied to the swelling.

June 20. She has been more free from pain since the last report, but has complained occasionally of sleepless nights. She has been taking small quantities of iodine, which, depriving her of her appetite, was discontinued, and sulphate of quinine, with infusion of roses, was given instead. On introducing the probe into the sinus, it is felt to penetrate deeply into the cancellous structure of the os calcis.

Aug. 1. Mr. COOPER being out of town, Mr. LISTON to-day removed a portion of the os calcis with a small trephine, scooping out a portion of the cancellous structure of the bone. The part was stopped with lint, and a poultice was applied.

Sept. 21. A small piece of bone exfoliated a month ago, since which time the wound has been gradually healing, and is now nearly closed.

Mr. LISTON remarked on this case, that the disease was most frequent in the heads of bones and in short spongy bones. It also sometimes occurred in the cancelli and shaft, and in flat bones, between the tables. The cause of the disease was external injury and incited vascular action; suppuration in the cancellated texture frequently following very slight incited action in persons of a scrofulous habit. Great suffering generally is experienced during the progress of an acute abscess to the surface. An enlargement usually ensues from the addition of new bone, which is arranged in nodules on the outer table, and sometimes extends to the bones which are articulated with the bone that was diseased. There is one or more cloacæ leading to the ulcerated cavity, the discharge proceeding from which is sanious and fetid. The soft parts around are generally condensed so as sometimes to resist the knife like cartilage. The os calcis is often affected with this disease, probably owing to its exposed situation. This disease may occur at various points; it sometimes commences in the bursæ, sometimes in the substance of the bone. It varies much in extent and degree. The softening and disease are not always limited to one bone, but affect the synovial apparatus between the astragalus and the other bones. The prognosis is various, according to the extent of the disease.

In treating this complaint, Mr. LISTON remarked in continuation, that it is necessary to remove partially or entirely the part diseased, or to bring on such a change of action as will throw it off. The first object may be accomplished by trephining, as in the case in question, by scoops, saws, or forceps; the second can be effected by the potential cautery, the red oxide of mercury being generally preferred by the lecturer. Mr. LISTON exhibited several specimens and drawings from various cases, showing the different kinds of the disease.

### DISTRESSING SICKNESS CURED BY CREOSOTE.

Dr. ELLIOTSON, in a late lecture, related the following case, which shortly since occurred in his private practice. Mrs. P., a lady, residing near town, when apparently recovering from an attack of sore throat, was seized with incessant retching and vomiting, accompanied with debility and depression, both of mind and body. This distressing state continued for a week, during which period no food of any description was retained in the stomach. There was no pain on pressure, and no other inflammatory symptom. Wine, brandy, and even soda water, were all immediately ejected. The pulse was extremely feeble, and almost imperceptible, and she had frequent fainting fits. Two-grain doses of hydrocyanic acid, though repeatedly administered, had an effect in stopping the vomiting. She was supported during the week by nutritive glysters containing white of egg and milk. It was after a week, during which the above symptoms continued undiminished, that Dr. ELLIOTSON was requested to see the patient. He ordered her two minims of creosote, to be given every two hours, and increased if the sickness continued, but to be diminished if it ceased. The first dose was thrown up, but a second, administered immediately after, remained on the stomach. The next dose, given in two hours, came up. Another was administered and retained. The vomiting had entirely ceased on the next day, without any increase having been made in the dose of the medicine, which was therefore now diminished in quantity, and, shortly after, entirely discontinued. The patient rapidly recovered, and is now in good health. Dr. ELLIOTSON has had repeated opportunities (besides the cases already published in THE LANCET) of trying the effects of creosote in vomiting, but

as the details would present mere repetitions, we refrain from giving them. The medicine has certainly sustained in his hands a high character. The judicious directions, however, which Mr. TAYLOR affixed to the cases published by that gentleman in a recent Number of THE LANCET, should be carefully observed by those who make trial of the creosote.

### LITHOTOMY.

Thomas Smith, aged 6½ years, was admitted, Oct. 15, under the care of Mr. LISTON. He has manifested symptoms of stone from infancy, the most marked symptoms being a pulling at the prepuce, and violent pain while making water, which dribbles from him, soiling his clothes. During the time of micturition he is very restless, tossing about in every direction. These symptoms very much increased as he became older. Mr. LISTON having sounded him and detected a stone, the boy's friends being anxious that the operation should be performed immediately, he was cut on the day of admission. The boy being held between the knees of an assistant, a small curved staff, with a groove a little on one side, was introduced, and held firmly by another assistant, towards the arch of the pubis. The incisions were made in the usual way with a common dissecting scalpel, and the bladder was reached. The staff was then withdrawn, and the stone extracted with a small pair of forceps in forty seconds from the first incision. On the 21st he was doing exceedingly well.

### OPERATION FOR CATARACT.

Margaret Lake, aged between seventy and eighty, presented herself at the hospital on the 15th of October with cataract of both eyes. Mr. LISTON operated on the right eye, the pupil being previously dilated, by dropping in a little solution of extract of belladonna. Having covered the left eye with a bandage, he made steady the right one with his left hand (Mr. L. frequently impresses on the pupils the necessity of practising with both hands alike, as, for instance, in this operation on the left eye, in cutting for fistula ani on the right side, and various other operations), he then introduced the cataract-needle with his right hand, about a line or so from the junction of the sclerotic coat with the cornea, and reclined the cataract, gently disentangled it, and withdrew it cautiously. The eyelids were then closed, and a small piece of lint dipped in cold water, and a bandage, were applied to the eye. Mr. LISTON remarked, that in the generality of cases this was the preferable operation.

## ST. BARTHOLOMEW'S HOSPITAL.

### OSTEO-SARCOMATOUS TUMOUR OF THE LOWER JAW — OPERATION — EXCISION OF THE BONE.

On Saturday, Oct. 17, an interesting-looking girl, of about sixteen years of age, was led blindfolded into the operating theatre. On being secured on the table, the disease evinced itself by a tumefaction in the situation of the left side of the under jaw-bone. Mr. STANLEY intended, in accordance with the joint approval of his colleagues, to remove the morbid growth by extirpation of the diseased bone. He commenced by an incision extending from the symphysis of the chin to the articulation of the jaw, on the left side, in a curved direction, according with that of the shaft of the bone. On reflecting the integument, the external facial artery was wounded. This was secured by Mr. LAWRENCE, who assisted the operator, who then proceeded to dissect cautiously through the buccinator muscle and the coverings of the maxillary bone, about an inch inferior to the duct of the parotid gland; in accomplishing this, several small branches of the external maxillary artery were divided, and successively secured by the assistant. After carefully exposing the whole shaft of the bone to above its angle, Mr. STANLEY separated the muscles which were attached to its inferior margin as well as its internal surface, by means of a common scalpel; and having thus cleared away all the soft parts, the morbidly enlarged bone formed a conspicuous object. At about a quarter of an inch on the right side of the symphysis, Mr. S. commenced to saw through the jaw-bone with a small straight saw, and after making a groove in it, the short bone forceps were applied, but ineffectually. On exchanging them, however, for others with longer handles, the bone was at once cut through. A similar process was adopted at the angle, with the same success, and the detached portion of bone was then removed by separating the lingual and other muscular branches which confined it to the soft parts in its neighbourhood. After securing a few bleeding vessels, and cleaning the parts adjacent to the face and the wound, the edges were approximated, and confined by means of three sutures and some strapping. The poor girl bore the operation with admirable fortitude, though it lasted more than half an hour.

After the removal of the patient, Mr. STANLEY came forward and stated that this was a case of osteo-sarcoma, originating in the cancellous structure of the inferior maxillary bone, and by its growth displacing the two lamellæ which composed its external and internal surfaces, thus forming the tumour which he had removed by the opera-

tion. He did not consider this morbid development to be of a *malignant* nature, inasmuch as it wanted those symptoms which usually attend that class of diseases. Some practitioner, who had visited the patient in the early stages of the disorder, plunged a knife into the tumour, but *no bleeding resulted*, nor did the formation of the tumour cause any pain or constitutional derangement. Still, however, it was desirous in these cases to practise extirpation, in consequence of the rapid growth of this fungus, and the displacement of parts occasioned by it.

A section of the morbid parts was made, and the specimen handed round to the pupils. It presented a fibrous structure, of a radiated form, including in its interstices a matter resembling albumen. The patient is doing very well.

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STRANGULATED FEMORAL HERNIA.—SPHACELUS OF THE INTESTINE.—DEATH.—Mary Bradshaw, ætat. 59, whose appearance rather indicated the age of fourscore years, was brought into the hospital on Sunday the 6th of September, for the relief of an incarcerated femoral hernia, which had been in a state of strangulation for a period of ten days.

Mr. LLOYD, considering all the circumstances of the case, determined to operate at once, and therefore at once resorted to the knife. On an *exposé* of the contents of the sac, the intestine was ascertained to be in a state of gangrene, and adherent to the mouth of the crural ring. Under these prejudicial circumstances, it was determined merely to divide the stricture and permit the mortified gut to remain undisturbed in the sac. The edges of the wound were therefore approximated, and the patient was removed to bed, with, however, an exceedingly unfavourable prognosis. The pulse gradually deger erated, and on the succeeding Wednesday evening, although brandy, carbonate of ammonia, strong broths, eggs, &c., were liberally supplied, the patient expired. On a post-mortem investigation the peritoneum exhibited decided evidence of inflammatory action having pervaded that tissue; the strangulated intestine was in a state of complete sphacelus, and had become adherent to the interior of the sac and the mouth of the ring.

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## ST. GEORGE'S HOSPITAL.

### DISEASE OF THE ANTRUM.

A CASE of this disease was admitted into the hospital a short time since, under the care of Sir B. BRODIE. Eight years previous to his admission, the patient was stated to have received a severe fall, and been bruised on the left side of his face and nose. During the two last years the swelling and pain of the part had increased, and several minute portions of the bone of the antral cavity were discharged at different periods through the left nostril. The treatment of the case was very simple. An opening was made through the superior maxillary bone over the alveolary processes into the cavity of the antrum. A probe was introduced, and dead bone was felt. The day after this operation the man was in a high state of febrile delirium, which was subdued by rest and antimonials, combined with Dover's powder. During the man's stay in the house, Sir B. BRODIE (at the request of his pupils that he would render the case one of instruction) made the following clinical observations thereon:—

"Here, then, gentlemen," he remarked, "we have an instance of injury of the face; at the end of eight years afterwards, portions of dead bone are discharged from the neighbouring parts, and, I may add, that they will certainly continue to be discharged for some time to come. This case leads me to speak to you of diseases of the antrum generally, and to draw your attention to the present patient, whose circumstances are interesting to the surgeon. No clear account is given of the diseases of the antrum by surgical writers.* Such cases are rare; I have, however, seen several instances of inflammation of the superior maxillary bone. I believe that in these cases the inflammation is not dependent on local causes, but is produced and caused in the same manner as rheumatic inflammation.

"Inflammation of the lining membrane of the antrum may terminate in suppuration. The cavity of the bone may be transformed into an abscess, and pus may be discharged. I conclude that such must have been the case here. Generally, when the disease runs to this height, the cause is local, and is frequently to be found in a diseased tooth. A person has a bad tooth, a malar, a cuspidatus (if the fang be large), or a bicuspis. He does not like to lose it, and he puts up with the pain and inconvenience until the pulp of the tooth becomes dead and irritates the membrane lining the alveolus, like a piece of dead bone, sooner or later. Inflammation and suppuration take place, and the matter does not escape. It may present under the gum, but sometimes it is lodged at the bottom of the alveolary socket. The bone above is absorbed, the periosteal lining of the alveolus, and the membrane lining the antrum, ulcerates; the bone becomes dead, matter collects in the cavity, and the patient suffers great torture. When the antrum is affected, there is a dull constant sense of pain over the part, with lancinating

* Some of them will stare at this.

pains shooting through the cheek. There is slight effusion under the skin of the cheek, with œdema and redness. The patient may remain in this state for a length of time. The matter is discharged from the nose or not, according as the aperture may be open or plugged up. If the former, the patient feels relief from the discharge. In these cases there is generally some dead bone, but there is no difference in the symptoms, so far as my experience goes, whether dead bone be present or not, but the former is the more tedious. You may apply leeches to the part, and put the patient on the usual antiphlogistic treatment; but this does not strike at the root of the disease. The first thing is to draw the diseased tooth, which will in some cases open to you a free communication with the antrum, when the patient experiences immediate relief. Sometimes you will find the discharge from the part very trifling, and in some cases there is none at all. If this should happen, the plate of bone between the alveolar process and the antrum is very thin, and may easily be broken down by a sharp-pointed instrument, and the two cavities laid open into one, when you may explore the antrum with a probe, and if you find dead bone there, you must wait until it has exfoliated. When you have made a free opening, keep the patient quiet, and keep a catheter or bougie in the opening, to prevent it from closing up. Through this you should inject the antrum with a syringe, very frequently. If the discharge come away through the nose, well and good. If it do not, you will know that the opening between the turbinated bones is closed, and the case may become troublesome. Suppose that the alveolary socket is filled up with dead bone. You must then make an opening. You would not make it through the jaw, because that is a bad place. Raise up the cheek, and then with a scalpel divide the membrane above the alveolar process of the molar teeth, and, having exposed the bone, make a circular opening in it, with a strong trocar-shaped instrument. The instrument must be strong, or else it will break instead of the bone. I used a pair of strong sharp-pointed scissors in this case, the other day, because I had no other instrument at hand, when I introduced my little-finger into the antrum, and was enabled easily to hook out every piece of dead bone. There is a plug in this wound, to keep it open, and it is frequently syringed out.

"Some writers describe a polypus of the antrum, and have given descriptions as to how it is to be tied and extracted. This is perfectly hypothetical. I never met with a case of the kind, and I do not believe that I ever shall.

Malignant diseases, such as fungus hæmatodes and carcinoma, affect the antrum. They grow from the inner lining membrane of the cavity. They at first cause but little pain, and show no symptoms by which they can be recognised; but by-and-by the tumour enlarges, pressing outwards on the cheek, upwards on the orbit, and downwards on the palate bones, extending itself, in fact, in every direction. The bony substances of the antrum and alveoli become destroyed, and the teeth drop out. The tumour increases, the walls of the antrum ulcerate, and the fungous growth protrudes. The cheek now becomes affected, and the eye may be pushed out of the orbit, causing blindness, or the roof of the mouth may be broken down, and the tumour press upon the tongue and nose. The growth of the part now becomes more rapid; there is a profuse discharge, and occasional bleeding from its surface; the patient becomes weak, gradually sinks, and dies. I do not know anything more distressing than the death-bed of a patient in this disease. There is a paper on this subject by Mr. TRAVERS in the *Medico-Chirurgical Transactions*. Such cases are, unfortunately, not rare. I suppose it must have been the occurrence of these cases which led to the idea of polypi of the antrum. Some have supposed that these may be removed by being turned out, or by the application of the actual cautery to them. DESSAULT I believe it is who had a case of this kind in which the patient remained free from the disease for three months; but you know that a malignant disease may return after twelve months. I tried the method of proceeding by turning out the tumour; the cheek bulged out, and the bone had been absorbed. With a scalpel I cut down upon it; the tumour was soft, and broke down, but I turned it out. There came on most frightful hemorrhage, and I plugged the antrum with blue lint, hoping that it might slough out. It did so partially, but the patient was not cured, and he died soon afterwards."

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The perambulation of the hospital is in regular periodical progress for the session. From the senior surgeon down to the deputy-assistant surgery man, and from the apothecary's sub-assistant down to RODERICK MACLEOD, all are at their posts, and there will continue—*pro tem.* At present, "one o'clock" finds them all on the move. Notice of every operation, autopsy, and inquest, is punctually posted up. Clinical lectures are given by Dr. SEYMOUR every Saturday, at four p.m.; by Dr. WILSON on pathology, every Monday at half past two p.m.; by Mr. WALKER on some surgical case, every Thursday at a quarter before 4 p.m.; and by Sir B. Brodie every Tuesday, at half past one p.m. on a surgical subject. Besides these, "clinical instruction" is given in the wards, and in the operating theatre whenever any "interesting case" occurs.

### ADVICE TO HOSPITAL PUPILS.

On opening the "Clinical Course" on Surgery, Sir B. Brodie addressed the following remarks to the junior pupils:—

"I propose to commence a course of clinical lectures, and in each lecture I shall speak to you of some one case in the hospital, and in order to investigate some of the important cases fully, I may perhaps deliver to you three or four lectures upon one subject. This, however, I shall not do frequently. To explain to you these cases, however, is only one object of a clinical lecture. To know surgery well, it is necessary that you should know anatomy, chemistry, and materia medica, for these only will give you a clear insight into its practice. On entering an hospital to study cases, it is not merely necessary to study them to enable you to *pass an examination* at the College and Hall. You should observe and study the cases for yourselves. That is the only way to extend your information. When I examine a young man at the College, I esteem the knowledge which he has acquired by inquiring for himself, much higher than that which he has acquired by lectures. The explanation of hospital cases is of great service. The clinical observations which we make to you at the bed-side of the patients, can be heard but by few; I say you should therefore notice the cases for yourselves. I advise you to go round the hospital frequently. Go round with the surgeons, the house-surgeons, and even with the dressers and senior pupils, for those gentlemen have seen more of hospital practice than you, and can therefore give you much information on many subjects with which you are as yet unacquainted. There are always to be found cases of greater or less importance in the wards; but of these the latter should more particularly attract your attention. Many will pass by cases of cut fingers, or sores, or little fractures, as trivial affairs; but will you not continually meet with such cases in private practice? Make it your business, therefore, to understand them. Your first attention in the hospital should be directed to these, after which you may proceed to those of greater importance, which are only made up of minor effects. In a compound fracture, for instance, you have two minor points, a wound and a simple fracture, making up a greater one—a compound fracture. If you do not understand either of these minor ones, how are you to understand this? If in going round the wards you are told of a sloughing sore, go and look at it yourselves, and if there be any thing about it that you do not understand, ask the house-surgeon, or the dresser, or some of the more experienced among the senior pupils; you may depend upon it that nothing teaches even *them* so much as having to teach others. I found this very much to be the case when first I began to lecture on surgery, and I soon discovered that there were a great many subjects to be treated of in my lectures, a knowledge of which I had yet to acquire. Be very minute in your observation of symptoms, as you may otherwise omit much that is valuable in the diagnosis of a case. There is only one way in which you can study cases sufficiently to remember them, and that is by taking notes of them for your own use, once or twice daily, or at certain periods, as may be necessary to impress the facts on your memory. I have been in the habit of keeping notes of many cases. When I commenced practice, I took down notes of every case. Now I take down fewer notes, and only those that are important. I have many volumes of these notes by me, and do you suppose that I find them useless? Do you think that I consider them as waste paper? By no means. On the contrary, I derive very great advantage from a reference to them. Take notes of cases then, and take them fully: there are no opportunities for study so useful as those which occur in an hospital. Years of private practice will not yield you the same advantages. Let me therefore urge upon you most strongly, not to neglect your hospital studies."

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### INGUINAL HERNIA, NOT STRANGULATED NOR REDUCED.—OPERATION.—DEATH.

William Harrison, admitted Sept. 14th, at 12 o'clock at noon. Sir Benjamin Brodie being absent, Mr. Cutler, the junior assistant surgeon, took charge of the case. On examination, there was found a punctured wound at the upper and inner part of the left thigh, on a line even with the base of the scrotum; and a large tumour of the left side, of the usual size, and occupying the usual situation, of inguinal hernia. The man stated that he had been afflicted with "the windy rupture" for fourteen years, but that up to the present time he had been always able to return it easily. Four days ago he met with a fall, when a metal spike ran into his thigh, and at the same time he received a blow from an iron rod over the part now occupied by the hernial tumour. These he stated to have caused the descent of the hernia, which has been down ever since. Mr. Cutler saw him immediately on his admission, and after examining the case, he requested the opinion of Mr. Keate (who was going round the hospital at the time) upon it. The surface of the skin covering the tumour was red; and, in the opinion of some gentlemen present, crepitated upon pressure, indicating inflammation of the cellular tissue beneath. We could not, however, detect any symptom of the kind. The lower part of the tumour was harder (Mr. Keate supposed it to contain omentum) than the upper, which was elastic, and was driven

down, upon the patient attempting to cough. A probe introduced into the wound of the thigh did not pass to any distance under the skin. There were no very urgent symptoms present; there was no vomiting or hiccup, and Mr. Cutler, we were told, was rather doubtful as to the tumour being a hernia at all. Yet it seemed very evident to every one else in what the disease consisted. Mr. Keate remarked that there were no urgent symptoms present, but that eventually the operation must be performed. The man was then we believe put into the warm-bath, and the taxis was employed, but ineffectually. He had been twice bled before his admission.

At 3 p.m. Mr. Cutler performed the operation, assisted by Mr. Hawkins. The layers of fascia were successively divided upon a silver director, until the sac was opened, and a large knuckle of healthy intestine from the sigmoid flexure of the colon protruded. Mr. Cutler pushed his finger up to the external abdominal ring, and declared that the intestine was not strictured by it, but that it was *quite free*. Mr. Hawkins pushed his fingers down to the bottom of the sac, and passed them completely around the gut; but, after further manipulation, the intestine was not reduced, but left extruded from the abdomen, and the wound was united by sutures. After the man had left the operating theatre,† Mr. Cutler made some remarks on the case to the pupils present, the precise meaning of which we were unable to comprehend. Indeed we doubt whether any of the pupils who witnessed the operation were able to understand why it was performed; nor was it until in a conversation between Mr. Cutler and Mr. Lane, when the latter gentleman made some general remarks upon the case to those around him, that any one could account for the circumstance of a hernial sac being simply opened and sewed up again. Mr. Lane said that the contents of the hernial sac consisted of a portion of the sigmoid flexure of the colon uncovered by peritoneum; that it had become attached by long-standing inflammation to the base of the sac which rested on the contents of the scrotum, and, by its posterior surface, to the anterior and inner surface of the muscles at the superior part of the thigh. These old attachments not being able to be broken down, the intestine was prevented from being returned into the cavity of the abdomen. It therefore follows that the statement of the man, previous to the operation, that he had been always able to reduce the swelling, until the preceding four days, was untrue. Immediately after the operation he was ordered, *Calomel*, five grains; *Compound Extract of Colocynth*, ten grains; to be taken immediately.

On visiting him in the evening, six hours after the operation, he was found much easier. The tongue was moist, the pulse 80 and compressible, and he complained of no fixed pain. The bowels had not been relieved, and he was ordered *Sulphate of Magnesia*, two drachms; *Infusion of Roses*, one ounce and a half, every three hours: and Soda Water for common drink.

Sept. 15. At half past twelve Mr. Cutler saw him; the bowels had not been opened, and he had passed a restless night; the tongue was dry, and furred in patches; the pulse 85, and full. There were also general pain and tension over the whole abdomen (which had been fomented with warm flannels), and severe headache. He had been ordered three grains of calomel every four hours. On finding the patient in this state, Mr. Cutler appeared anxious to "draw off the wind" from the belly, as a means of relieving him from the severe tympanitic tension under which he laboured. The man was ordered to lie on his right side, whilst Mr. Cutler introduced an elastic tube into the rectum. This came in contact with the hardened feces, but did not bring away any "wind." A catheter was then introduced, and forced through a mass of feces, and a stilette was passed through the catheter, but no evacuation followed. Two stomach-pumps (Wiess's and Read's) were now procured, and an œsophagus tube was introduced, and warm water was attempted to be injected per anum. The mechanical action of Mr. Weiss's instrument not being understood, it proved to be of no avail, and Mr. Read's was used instead; about a pint of water was injected, which the patient was unable to retain, and which served only to wet the draw-sheet on which he lay. Every method of drawing off the wind having failed, the man was left at rest, and the calomel ordered to be continued. The patient frequently complained of faintness, and vomited a little after the attempts at "drawing off" were discontinued. He was allowed beef-tea for diet. Mr. Cutler's reasons for acting as described, were founded upon his having followed a similar course in a "stone case," with great success; but doubts may fairly be entertained of the propriety of irritating the mucous membrane of the bowel near to the seat of a half-strangulated irreduced hernia, which had undergone a tolerable degree of manipulation scarcely twenty-four hours before. The justness of this opinion seemed somewhat confirmed by the necessity of bleeding the man in the afternoon, an operation which was performed by Mr. Cutler himself, to the extent of twenty ounces.

*Vespere.*—The bowels have not yet been

† The man was lifted from the operating theatre to his bed in Drummond ward, but owing to some great neglect he was, before the operation, *walked* into the theatre. The porter and surgery-men are new in their vocation, and like machinery on the first night of a pantomime, they work very "stiff."

opened; there is less tension and pain over the abdomen since the bleeding, and pressure can be borne. The blood is highly cupped and buffed; pulse 80 and small; tongue moist; has not been sick since the morning; slight singultus; countenance anxious.

16. He was again bled last night to the amount of six ounces; the blood is highly buffed and cupped; and has been again bled by the house-surgeon to twelve ounces this morning, the blood being as much cupped, but less buffed. The pulse is 100 and small, the tongue moist, and countenance less anxious, but the bowels have not yet been opened. He passed a restless night, and is still restless; there is less tension and pain of the abdomen. His diet is beef tea. He was ordered *Calomel*, three grains; *Compound Extract of Colocynth*, ten grains; to be taken immediately. The prognosis of the case has now become unfavourable.

*Vespere.*—He is worse than at the morning visit; the bowels have not yet been relieved. Since the morning he has taken two doses of castor oil of one ounce each. Pulse quick and full, 100; abdomen tense and painful; countenance anxious; he is very restless. Soda water for drink.

17. On visiting the hospital this morning, his bed was vacant, and his body about to be removed to the dead-house. He sunk gradually, and died about twelve at noon. Purgative medicines, colocynth and calomel, calomel and opium, and croton oil, had been administered to him, but without the least effect, and from the time of the operation until the hour of his death, the bowels were never relieved. The last medicine he took was port wine.

*Autopsy twenty-four hours after death.*

On opening the cavity of the abdomen, the general appearance presented by the coats of the intestines, was that of severe inflammation. On examining more particularly that portion of the sigmoid flexure of the colon which was extended through the abdominal ring, it was found to be deeply injected with blood, the red vessels appearing very prominently through the thin tunics of the bowel. It was not strangulated, and was returned very easily into the cavity of the abdomen by Mr. LANE, who was present. There was no band connecting it to the bottom of the sac, and nothing but a thin adhesion between one of the appendices epiploicæ, and the posterior part of the sac (which might easily have been broken down) prevented its complete return within the external ring. These were the only pathological points in the case worthy of remark. The cavities of the cranium and thorax were not examined.

From the above appearances which the examination disclosed, it would appear that the patient's death was caused by severe inflammation of the bowels, following a blow over a portion of extruded intestine. These symptoms were followed by constipation, hiccough, and vomiting. The operation was performed to relieve these latter, which it failed to do. The constipation was attempted to be relieved by purgatives given only by the mouth, the few injections that were administered being too mild (consisting principally of castor oil and sulphate of magnesia) to be of any service; whilst the severe inflammation was combated by four general venesections, of no great amount, the first of which was only performed twenty-eight hours after the patient had been in the hospital. Had the operation not been performed, and the venesection and purgation been pushed to a greater extent, and had a generally bolder line of practice been adopted, the termination of the case would probably have been different.

Some doubts, we believe, were entertained as to the propriety of holding an inquest on the body. It was, however, eventually determined that one should be held,—when the assembled jury with an ignorant coroner at their head (on what evidence we know not), returned a verdict of "Died from Mortification." The morbid appearances afforded no ground whatever for the verdict, and a gentleman of competent anatomical and surgical acquirements, who also carefully examined the parts implicated in the hernial protrusion, informed us that he could discover nothing approaching in its pathological appearance to either sphacelus or mortification.

## LOCK HOSPITAL.

### CASES OF GONORRHŒAL DISCHARGE ACCOMPANIED WITH CONDYLOMA AND CONDYLOMATOUS ULCERATION.

CASE 5.—Margaret Gawlor, ætat. 18, admitted, Nov. 17, under the care of Mr. WALKER. She has been on the town three months, and has had a discharge from the vagina nearly the whole of that time. The condylomata, with which she has been affected, have been present for two months. The vaginal discharge was preceded by a scalding in passing her urine. At the commencement of her complaint she took six calomel pills, one every other night; this affected her mouth, which is somewhat sore now. There is at present a profuse, thick, yellow discharge from the vagina, which exhibits some preternatural vascularity over the vestibulum and orifice. There is an irregular gray sloughy ulceration over a patch of confluent condylomata, elevated much above the surrounding skin, and presenting more or less a warty character and appearance, occupying the entire margin of

the left labium and upper part of the right one, where however it is more circular and isolated; it also involves the right side of the perineum inferiorly and posteriorly to the labia. There is a thick yellow secretion from the posterior fauces; there is no increased vascularity about the throat and tonsils, which are but slightly enlarged; the right one, however, more so than the left. She complains of much general debility, and has a pleuritic pain in the left side, which prevents her lying on that side, and is sometimes increased on taking a deep inspiration. The tongue is clean but white; appetite impaired; pulse hard but compressible, 96. Bowels and catamenial secretions are regular. She never was pregnant, and denies ever having had any previous venereal disease.

Nov. 7. The *Acetate of Lead* lotion was applied to the ulcers.

8. This was changed for *Oxymuriate of Mercury* gr. ss to ʒj; *Washed Sulphur* ʒj; *Carbonate of Magnesia* ʒj: every morning early. She continued this plan of treatment until the

17th, when, on visiting her, we found her complaining of want of rest at night from pains in her limbs. She is very weak. The pulse small; tongue slightly furred. There is mercurial fetor of the breath, and the gums are tumefied; no appetite. The *Sulphur and Carbonate of Magnesia* to be discontinued, and she was ordered, *Compound Decoction of Sarsaparilla* ʒij; *Nitric Acid diluted* ɱxv: three times daily.

22. To use the cinnabar fumigation every night.

27. She is much better in her health. The vaginal discharge is less, and the condylomatous thickening of the left labium is diminishing, and the ulceration is healing, and covered with a dark dry scabious surface. She complains of great thirst, nausea, and syncope. To continue her medicines.

Dec. 6. She complains of great nervous trembling and syncope; pulse quick and fluttering. The condylomatous ulceration has still a warty character and appearance. *Ammoniated Tincture of Valerian* ʒj; *Camphor Mixture* ʒiss: twice daily. The sarsaparilla to be discontinued. *Solution of Chloride of Soda; Water;* of each equal parts, to be applied to the ulcers. The cinnabar fumigation to be continued.

11. The valerian draught was changed to-day for the *Tincture of Muriate of Iron* ɱxv, three times daily.

13. She is certainly better since taking the steel. The affection of the labia is better.

15. Her bowels being somewhat disordered, the cinnabar fumigation and the steel medicine were omitted, and she was ordered to take a *Rhubarb Draught* with *Tincture of Opium*.

20. She is still very low and nervous, with a great tendency to sickness, and pain on pressure over the epigastric region. She was therefore ordered to take the following powder at bed-time:—*Mercury, with Chalk* gr. ij; *Compound Ipecacuanha Powder* gr. v; *Powdered Rhubarb* gr. iv; *Carbonate of Soda* gr. x, and to have the abdomen treated with tepid fomentation.

22. To-day she was ordered *Compound Tincture of Bark* ʒj; *Aromatic Spirit of Ammonia* gtt. x; *Decoction of Bark* ʒx: three times a day, and to have fish-diet and ʒiij of port-wine, and half a pint of beef tea. Her strength gradually increased under this plan of treatment; the condylomatous ulcerations and labial sores healed, and she left the hospital soon afterwards at the request of her friends.

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Case 6.—Julia Healey, ætat. 21, under Mr. Walker. She has been on the town for two months, but her present complaints began four months since, with an intense itching of the pudendum, after which (two months since) a vaginal discharge came on. She has had severe scalding on passing her urine for four months, and ulcerations of the labia for two months. She has also had ulcerations without the labial commissure for two weeks. Three months since she took copaiba for one week, and has had promiscuous intercourse to within the last two months. Her present symptoms are—a profuse thick yellow discharge from the vagina, with much scalding in passing her urine, and general increased vascularity of the labial surfaces. There is condylomatous ulceration of the nymphæ, with a superficial yellow ulcerated surface at the upper part of the margin of the left labium. There are several isolated condylomatous ulcers in the external commissure between the right labium and thigh; the throat presents no particular abnormal appearance. The general health is very good. The catamenial discharge commenced at sixteen, and has been absent for the last four months. She has had one child, and has aborted once. She has had no previous venereal disease. There is much thickening of the præputium chloridis. She was purged with *Calomel* and *Senna*, and the *Acetate of Lead* lotion was ordered to be applied to the parts.

June 23. To take a bath twice every week, and to continue the *Acetate of Lead* lotion.

26. The discharge from the vagina has not diminished, but there is less scalding in passing her urine, and less general vascularity and tenderness of the parts. The mouth is tender and the gums are sore; coppery taste. The *Black Wash* to be applied to the ulcerations, and the *Diluted Solution of the Acetate of Lead* to be used as an injection. *Blue Pill*, five grains, twice daily.

July 3. She has not observed much vagi-

nal discharge for the last five days, and the scalding is almost gone. The gums are sore and tumid, but there is little ptyalism. Medicines to be continued.

10. The condylomata have all gone. The gums are very tender, and at the back part of each side of the jaw they are ulcerated. She says that the vaginal discharge has returned. The pills to be continued, and the strength of the injection to be increased.

26. She is much better; the vaginal discharge is pale and small in quantity. The vestibulum is blue and vascular; ptyalism continues; the gums are florid, but not so much ulcerated. The same plan of treatment was persevered in until the 7th of August, when she was discharged cured.

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Case 7.—Ellen Trevelyan, ætat. 20, admitted Nov. 20th, 1834, under the care of Mr. Walker, with condylomatous labium, gonorrhœa, and bubo. The history which she gives of her present complaints is very imperfect. She has been married ten months, and says that soon after her marriage she had scalding pain in voiding her urine, which has gone off and returned again several times since, but she has remarked no discharge until six weeks since. She has had a bubo and condylomatous affection for one month. She has had no connexion for three months, and has only taken a little opening medicine. She has at present a very abundant thick yellow discharge from the vagina, with much scalding pain in passing her urine. There is enlargement and thickening of the left labium with superficial condylomatous ulceration along its inner margin, and there is one insulated condyloma at the inferior extremity of the right labium. The bubo is in the left groin, of the size of a walnut, and not at all painful; the inner surface of the throat is slightly vascular; the tonsils are enlarged, more particularly the right; general health good; tongue furred; bowels confined; catamenia regular. She has never been pregnant.

22. She was ordered to take the *White Mixture* ℥iss twice daily, and to use the *Saturnine Lotion*.

28. The vaginal discharge is nearly gone, and the scalding is much diminished. The labial inflammation remains the same. A few spots of lepra have appeared on various parts of the body within the last few days. To take *three grains of Calomel and three grains of Rhubarb* at bed-time, and to use the bath twice a week; a Blister to be applied over the bubo.

30. She says that the discharge from the vagina is quite stopped, but that some little scalding remains. She complains of great debility and lassitude, but does not advert to any particular local uneasiness. The tongue is clean, but the pulse is very small and frequent, and 132. The eruption on the skin is of the *tubercular* character, and does not partake of the characteristic appearance of *lepra*, there being a circular deposition on the cutis, though under a slightly desquamating surface. Those spots which first appeared on the skin, are now so far advanced as to have left only a brown syphilitic stain on the skin. Some of the characteristic symptoms of the case bear now an apparent resemblance to a secondary eruption, succeeding to condylomata; although the ulceration at the inferior margin of the right labium does not partake of all the characters of condylomata. To continue her medicines.

Dec. 2. She is much better to-day, the tubercular eruption is thicker on the skin, partaking of a mixed character of lepra and tubercle, some patches having the distinctive characters of each, whilst others assume the appearance of an intermediate variety which has been named small psoriasis. There is one leprous scab with some surrounding redness under the right scapula. The case exhibits specimens of the three varieties of eruption, of simple stain on the skin, lepra, psoriasis, &c. On closely questioning her, we learnt that about three weeks since, she remembers having a sore on the lower extremity, which bled.

6. The eruption is increasing, there are light yellow scabs over the scalp around the roots of the hairs. There are several well-marked spots of lepra on the skin, but fewer of psoriasis. Some of the glands of the neck are swelled; she is very weak and low, with some disposition to syncope. Many of the symptoms being now severely aggravated, and the decided syphilitic character of the disease not to be doubted, Mr. Walker determined to put her on a mercurial course. She was ordered to apply the *Black Wash* to the ulcers, and to rub in half a drachm of the *Mercurial Ointment* every night.

13. She is very much improved in health; the syncope and trembling subsided soon after she commenced taking the mercury; there is now incipient ptyalism, with a coppery taste in the mouth. The cuticular eruption has much subsided, and some of it is desquamating. The excoriation and ulceration of the labium have healed, and the thickened appearance of the parts has gone down. *Blue Pill* five grains; *Extract of Henbane* two grains: to be taken in a pill twice daily.

20. Her improvement has been very rapid. The eruption over many parts of the body has quite gone, and in others there is only a scabby stain left; there is but little thickening of the labia left; she complains of some pain over the epigastric region soon after taking the pills; there is free salivation present; there is slight puffiness over the left cheek, and the gums behind are found to be slightly ulcerated. She was ordered

*Blue Pill* four grains, *Extract of Hemlock* three grains, in a pill twice daily. The *Black Wash* to be continued, and the *Alum Gargle* to be used to the mouth.

Jan. 5. The eruption is very nearly gone, and there is but very little remaining thickening of the left labium; the right labium has more of its natural feel and appearance; the discharge from the vagina is only small in quantity and temporary in its appearance; the tonsils are much diminished in size; the ptyalism still continues. A lotion of *Oxymuriate of Mercury* gr. j, to ℥j of water, to be used, and the injection to be persevered in. She continued the use of these remedies for some time, and was made an out-patient for a few weeks, when she discontinued her attendance at the hospital, being quite cured.

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London Hospital.—On the 3rd instant the operation of lithotomy was performed at this hospital upon a boy about ten years of age, by Mr. Luke. Some difficulty was experienced in the extraction of the stone, owing to its magnitude, as it measured in the longitudinal direction an inch and a half; transversely about an inch. The calculus was of the cystic oxide kind. The patient did well.

Guy's Hospital.—On the 5th instant the operation for tying the femoral artery was performed at this institution by Mr. Key, upon a man of about the age of thirty-five. The operation was somewhat delayed, in consequence of the unusual smallness of the nerves surrounding the artery; but, ultimately, not the least branch of nerve was included in the ligature. An amputation above the knee, for strumous disease of that joint, was afterwards performed by Mr. B. Cooper. On the 7th, lithotomy was performed upon a man aged about forty-five or fifty years, by Mr. Key; the patient is likely to do well. The convenience and advantage of the students at this hospital would be much served, if surgeons were to attend on operation days with more exactness as regards time, than they sometimes observe; much thumping of boards and pannels, and other sources of unsuitable noise, would then be spared, which is painful to the patient and derogatory to a scientific audience.

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## CORRESPONDENTS.

Many reports of Societies, papers, and answers to Correspondents, are unavoidably omitted this week from want of space.

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Erratum.—In the account of the Parisian hospitals, page 120, the paragraphs under the head of "Hopital de la Charite," beginning with the words, "This hospital is the next largest in Paris," should have been placed, in arranging the matter for publication, under the table immediately below, which is headed, "Hopital St. Louis." Will our readers be so kind as to mark this transposition with their pens.

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## METEOROLOGICAL REPORT.

(*Extract from a Meteorological Journal kept at High Wycombe.*

Lat. 51° 37′ 44″ North, Long. 34° 45″ West.)

| Days. | Thermometer. | | Barometer. | | Rain. | Wind. | Weather. |
|---|---|---|---|---|---|---|---|
| | Highest. | Lowest. | Highest. | Lowest. | Ins. Dcls. | | |
| Oct. 12 | 49.50 | 49.50 | 29.64 | 29.58 | 0.15 | N.W. | Fair in morn; afterwards rain. |
| 13 | 57.50 | 50. | .74 | .65 | — | S.W. | Dull, with slight misty rain. |
| 14 | 55.50 | 42.50 | 30.05 | 29.93 | — | N.W. | Dull, but no rain. |
| 15 | 55.50 | 47. | .12 | 30.09 | 0.00625 | N. | Dull, with some little rain. |
| 16 | 53.50 | 45.50 | .13 | .06 | — | N. | Heavy, but no rain. |
| 17 | 52.50 | 40. | .03 | 29.99 | — | E. | Threatening, but no rain. |
| 18 | 50. | 28. | .02 | .51 | — | E. | Fine throughout the day. |

Oct. 19, 1835. W. Jackson.